

PETRA KUPPERS

the scar of visibility

Medical Performances and Contemporary Art

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**MEDICAL PERFORMANCES AND
CONTEMPORARY ART**



petra ruppers



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The poem "Scars" that opens the Epilogue is reprinted with the permission of Jim Ferris.

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Acknowledgments



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Introduction

BODILY FANTASIES



A SCAR: MEETING PLACE BETWEEN INSIDE AND OUTSIDE, a locus of memory, of bodily change. Like skin, a scar mediates between the outside and the inside, but it also materially produces, changes, and overwrites its site. If skin renews itself constantly, producing the same in repetition, the scar is the place of the changed script: mountains are thrown up, the copy isn't quite right, crooked lines sneak over smooth surfaces. You can feel your scars itching, or pulsing, or, after a time, you can experience the sensation of touching yourself but feeling the touch as strange—nerves might not knit into “appropriate” lines. In these moments of strangeness, the core of phenomenological experience comes into the foreground of perception: that you are oriented toward the world, pressing and surging toward it from a place, a body, an origin. When this place becomes unfamiliar, sense, perception, and meaning making become experiential as spatial and temporal phenomena. There is a location to knowledge and sensation, and the scar can mark this insight.

The scar is also an image: it holds strong connotations of social violence, of outsider status, of negativity. And yet, mysteriously, it holds the gaze—the scar incites the look, invites the narrative, fuels the story, and anchors it back into (some version of) bodies, time, and space. Creative practices at the site of the scar can play with the mechanisms of repulsion and attraction, self and other, identity and production of difference. The scar as experience, image, and embodied trope, then, moves its way through my study.

In this book, I focus attention on the productive practices at work in art making surrounding medical systems and bodies. *Productive* means here an engagement with social and personal realities that open up moments of difference, of new

alignments of power, individuality, and sociality—*productive* in the sense of allowing spaces for living to come into being. My interest feeds from an emphasis on vernacular practices, from the take-up and development of strategies of art making, representational agendas, and visual and performative rhetorics at the grassroots level as well as in more established places for art encounters. My vision in this book emerges from nearly twenty years' experience of collaborative and communal art making on the limits of established spaces for art: as a dance-trained community artist and as a disability culture activist, my work involves looking actively for and moving toward gaps, scars, exclusions, and opportunities for making art, taking space, creating openings. As a feminist theorist trained in cultural and performance studies, different but related sets of exclusions and openings guide my analysis. These concerns nourish my themes in this study, the connections between placement in cultural industries, placement in cultural signification systems, and the taking-place of sensation and perception in bodies.

My project articulates connections between subjective experience and political frames. Phenomenology is a wide-reaching methodology, and in a historical moment where deconstructivist theories that destabilize categories are in danger of leaving the playing field, phenomenology is experiencing a new rise in visibility, offering, at least on the surface, a direct, "affective" way of knowing bodies. But phenomenological approaches often lay themselves open to the critique of being unable to account for systemic formations, and to formulate a politics of subjectivity. In my work, I weave together a phenomenological emphasis on experience and embodied action with a trajectory toward deconstructivist unknowability, and I situate this nexus within a political change agenda. This means that I am interested in productive destabilizations: a move toward making the other visible and experiential without making this other fully knowable and therefore caught in the categories of the self and the known. And this is also a move that makes things mobile, that gives direction, that creates a tension, a desire toward those who might have been excluded—this is not a general vibrational destabilization of everything, but a political rhetoric.

With these questions, this book places itself within the wider field of studies on the meeting places and struggles between science and the humanities. How can we address the imperative need to know (particularly in medical settings) together with a need for space, for dignity, for an essential privacy? How, for instance, can the cancer survivor share her experiences without seducing us into the fantasy of full identification, the idea that we "know" what her experience is, or even that she knows what it is? How can connection occur *without* full identification, on the limits of reduction? How can experience be open to the mystery of the other? These questions also guided my project in my first book, where I focused on disability culture and art-framed performance work that refused to disclose any notion of the

fundamental essence of disability while setting up a seductive curiosity toward different forms of embodiment. The same questions also inform this study, which opens itself up to the wider playing field of the medical scene, where the need to recognize, know, and address is further complicated by the issues that are at stake for patients, doctors, art makers, lay artists, and all people who find themselves caught in frames that are both life giving and dangerous. Who needs to know what, what mechanisms are in place for this knowledge, and what other mechanisms need to be employed to undo some of the certainties, some of the labeling and identifications that are the currency of medical diagnosis?

In this study, I argue that destabilizations of reference systems emerge through and in the creative deployment of bodily fantasies. The scar fantasies with which I opened present such an intervention. While I acknowledge the lived reality of scars, and their social marking as negative, I refuse the label of *wound culture*, a term that refers to a view of identity politics that holds on to labels of victimhood and trauma in a negative, nonproductive manner, afraid to let go of that which has become the negative point of identification. Seeing the scar as a palimpsest of different times, narratives, and patterns, I point instead to the generative principle of (embodied/metaphorical) riches that emerge at the site of scar as sensation, flesh, and image.

My method, then, relies on embodied acts of perception, of attention to the corporeal aspects of meaning making, coding, and decoding. As a flâneur of bodily creative practices, I look desirously for hinges, gaps, and layerings when known principles and bodies get reworked, re-cited, and recycled. My desirous gaze affects the material—I embrace the flâneur's (dis)avowed responsibility to the scene that shapes her and is shaped by her. With this, I poach upon the terrain of Walter Benjamin's flâneur, intruding upon a practice that actually excludes me: Benjamin's flâneur is always male and moves with a disinterest and nonattention to movement that I as a disabled woman have never known. But Benjamin's flâneur is already riven, a figure of modernity driven about space by impulses out of his control, a dispersed walker of questionable agency who can find a new kind of delight in his predicament, and in the new spaces opening up around him. I cite precariously this strangely seductive figure of surrender and control: compelled and in charge, the flâneur's agency is implicated, and the conjunction of his body and senses, movement, the street, and the practices of the modern city creates his way of being.¹ To walk, to "botanise on the asphalt," surveying the city, is a conscious and willed act for me, a pain-inducing act, never just "natural." It is this attention to the performance of walking, claiming, seeing, and speaking that I bring to the artwork I discuss in this study.

Working through the contradictions and alignments between biomedicine and personal experience, I discuss artistic practices in these pages that begin to speak

about the relationship between vision and bodies, between representation and experience, and between images and the spatiotemporal flow of life. Bodies emerge as hinges between discursive frames and phenomenological specificities. Living within these hinges, these pressures, people respond creatively: they need to find alignments between the social knowledges, medical perspectives, their own sensations, and their senses of self. They produce responses, images, gestures; tell stories; multiply explanations; and rehearse different kinds of ownership and communality. My own labor in these pages is to trace the beautiful contours of these riches, and of the scars that knit bodies and discourses together.

PUBLIC BODIES: TIME TRAVEL

Union Station, Washington, D.C., June 2004. I am standing in a train station, conveyed by the Washington Metro system, escalators, and marble hallways to a labyrinthine gallery, a display of bodily visions. The International VSA Arts Festival has commandeered the entrance hall of Union Station, as well as display areas in Ronald Reagan Washington National Airport. In these areas, exhibitions of visual art displays have taken over the space of the *flânerie* of city life. Shoppers, commuters, tourists, and everyone else entering Union Station from the Carriage Porch entrance have to squeeze through the exhibit itself, moving through display walls hung full of colorful imagery.



VSA Arts exhibit, Union Station, Washington, D.C., June 2004. Photograph by Scott Suchman.

From what I can see, few passers-by manage to escape unscathed, without being drawn into at least one of the many images, sculptures, and videos on display. I delight in this particular colonization, in this channeling of space, in the jostle of bodies—some using wheelchairs and crutches for locomotion, and some measuring space with sticks, while others are walking with companion animals.²

Walking among the images, I find multiple examples that address one of the areas most nondisabled and disabled people³ have to encounter in their lives: the medical system, with its techniques of diagnosis and evaluation, its involvement with the social welfare mechanism, its bodily interventions, its hopes, and its traces.⁴

The train station as a site of transversals, transitions, and journeys informs my perspective, my vision of the material on display. A small object hung on the display wall arrests me with its strength of color, hanging like a jewel, and only on closer inspection do body stories begin to emerge. As I see the little object, the transitory nature of passing time makes me rejoice in this trace.

Ted Meyer, a Californian artist, creates scar images. His artist statement explains why he has chosen this particular subject:

A few years ago I met a woman with large scar that runs down the length of her back. . . . The scar was not just a marker of a disability but rather part of what made her unique. It wasn't just a scar. It was her scar. Something that no one else had. No[t] only did it make her physically unique but emotionally. . . .

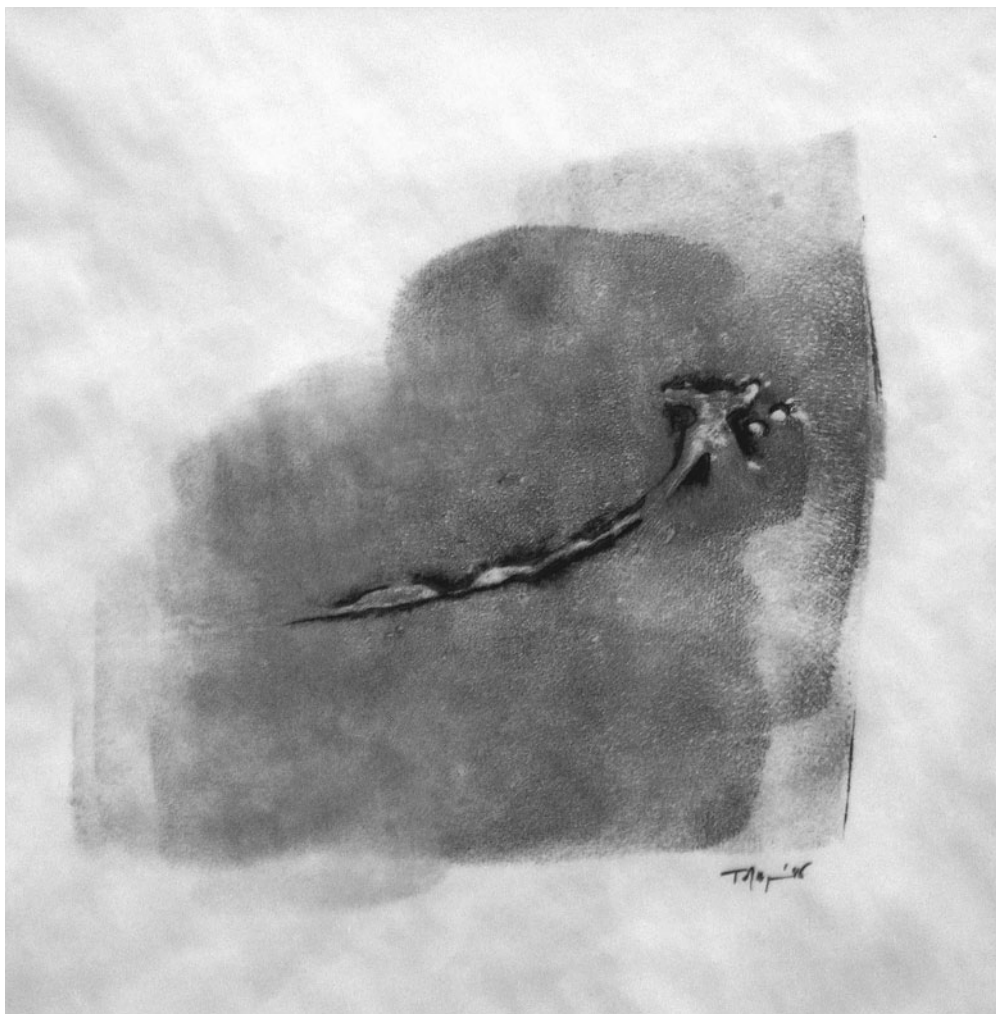
Though I have several scars of my own—after meeting her I became aware how scars can mark a turning point in peoples' lives; sometimes for good but often otherwise. Each scar comes with a story. Why is it there? Would the person have dies [*sic*] without surgery? How did the "scar[r]ing event" effect them emotionally? Scars can mark entering into or out of a disability. . . . They freeze a moment in time, a car accident or gun shot. These mono-prints, taken directly off the skin of my model-subjects are portraits of those events that changed their lives. I accentuate the details of the scar with gouache and color pencil. My hope is to turn these lasting monuments, often thought of as unsightly, into things of beauty.⁵

There is urgency in Meyer's statement, breathlessness and desire. I left the *dies* deliberately in its present tense—what is probably an error is also the opening here into a presence, an intensity, an incursion of real death that gives the lie to the temporal sequencing of surgery's progression. There is a fruitful discord, or disorder, of temporality in this play with scars, violence, and death.⁶

I can also see a fruitful clash at work in the prints, in the methods of their assembly. They are monoprints: color is applied to the skin of a person, and then paper is pressed against the skin, revealing a negative image when peeled off. In these scar traces, the beauty of strong colors, gorgeous texture, and clear composition is held in an aching tension with the noncolor areas, the spaces that have eluded the representative act: the creases and wrinkles. The ephemeral and the

monumental meet in these images, which reference plaster casts for medical practices of display, colors that echo stains used in microscopic slide work, and the mark making of art practice. The scars can't fully be captured: something remains off the paper, out of the visualization's scope.

The image I saw in Washington, D.C., had the title *Trachea Reconstruction*. It was a small image, 8 by 8 inches, and constructed in 1998. Issues of time, name, and label crowded my reception of the piece: why was this an image of a trachea reconstruction rather than an image of a person's skin, marked by time? What might that person's skin look like now? Is this a woman, a man? What else is significant, cultural, socially marking, about the skin? Is the trachea reconstruction the reconstruction of a flesh-and-blood trachea, hidden behind the skin, or the reconstruction of a skin mark with a faint yellow gouache stroke? Is it an archaeological



Ted Meyer, Trachea Reconstruction, 1998. Courtesy of the artist.

object, a marker of time and of lives lived, brought to the fore by the color pencil that traces something like a flower, a desiccated, fossilized shape into the pattern of skin?

The VSA catalog informs me that the image is part of a series, and so I wonder further: reconstructive of one body, or bodies, of flesh, of paper, of distance, of structures named by medicine, or of marks made in the flow of life, or of voices? The small image reached out, hollowed out the small space it was awarded on the display's wall, and shot me on a discovery journey backward into time to the making of the object, forward into time to the ongoing life of scars on skin. My questions interact with the visual object hovering on the white paper, this copy object whose border dissolves bit by bit from a mark of three-dimensionality to the paper's two-dimensional flatness. In the play of color and noncolor, imprint and void, the differences between the dimensions and their relation to space and time opened up, pointing to what can and cannot be captured in the scar prints.

The scar and its visualization: there are gaps, folds, creases, and hidden places in these material traces of bodily change *and* in the mechanisms of these sites of bodily change making visible (often through specifically medically contextualized vision machines such as anatomy models, ultrasound, MRIs). In the chapters that follow, the strategic uses of these blanks, these *space-offs*, these windows into the materiality of visualization, and into the construction of representation, will play themselves into the foreground.

Kiki Smith,⁷ Mona Hatoum (see chapter 4), Damien Hirst (see chapter 1), Pepe Espaliú,⁸ Hamad Butt (see chapter 6), Donald Rodney,⁹ Stelarc (see chapter 4), Marc Quinn,¹⁰ Gina Pane (see chapter 3), and Orlan¹¹—these are a number of the well-known, critically acclaimed artists who use or evoke skin, bodily markings, actual body fluids, body parts, and medical instruments in their work.¹² This study draws attention to a number of them, but it also engages in the other side of the art market, in the art of the *flânerie* either literally or online, art that presents itself to its audiences not in the hallowed halls of famous galleries and museums but in the spaces of distraction: train stations, local galleries, airports, roller-skating rinks, public libraries, freak shows, online environments.

Art encounters occur differently, and with different attentions, in train stations and art galleries. I want to make visible both the divergent forms of ownership and public address that contemporary creative makers are part of, and the mechanics of display and audiencing that these works invite. With this, I am also looking at the multiple and unexpected sites of exchange and discourses surrounding medical stories. Sites such as roller-skating rinks, postperformance talks, Web sites, and video screens dislocate any sense of “appropriate” places and spaces for body stories, just as body art has undermined the appropriate places of the nude and the anatomy exhibit.

ORIENTATIONS

The word *fantasies* in my usage refers not to a dichotomy between truth and falsity, but to the labor of imaging and fashioning that surrounds the coming into being of bodies as selves and social beings. I am investigating the meetings of image and experience at the sites of medical imagery and private body knowledge, expressed in contemporary creative labor. Thus, my use of *bodily fantasies* refers to creative forms of agency in a sociocultural environment where bodily experiences multiply and overlap. In these fantasies, certainties are questioned but retain their enunciatory force. Knowledge becomes a performance, a re-citation, an ordering act, an action.

In order to approach the theme of bodily fantasies, it is useful to investigate moments in the term's history. Sigmund Freud conceived of the early formation of the Ego as a corporeal projection, a unifying, desirous narcissism that creates cohesion across multiple and feeling sense elements. The Ego and the body are bound together, mapping each other in turn. Freud writes that "the ego is first and foremost a bodily ego: it is not merely a surface entity, but is itself the projection of a surface."¹³ Jacques Lacan, in his turn, uses the term *imaginary anatomies* to point to this mechanism of ordering and structuring, of an ego formation that is dependent on the split between the body as site of self and the vision of self as whole (within the mirror phase), a psychic dilemma that overshadows corporeality and subject formation.

In Lacan's scheme, the imaginary anatomy, this map, is under threat.¹⁴ The destabilization of the imaginary anatomy can lead to psychosis. Even so, the fragmented body of bodily fantasies has a certain richness in Lacan's reference field:

This fragmented body . . . usually manifests itself in dreams where the movement of the analysis encounters a certain level of aggressive disintegration in the individual. It then appears in the form of disjointed limbs, or of those organs represented in exoscopy, growing wings and taking up arms for intestinal persecutions—the very same that the visionary Hieronymus Bosch has fixed, for all time, in painting, . . . But this form is even tangibly revealed at the organic level, in the lines of "fragilization" that define the anatomy of phantasy, as exhibited in the schizoid and spasmodic symptoms of hysteria.¹⁵

The lushness of the field of the struggles between analysis and the questing individual speaks for the power of the anatomy of fantasy: Lacan sees how the "fragmented body," as a third agency between analyst and analysand, can rule bodies on the organic level.

But while the plasticity of body image is acknowledged in the belief structures of psychoanalysis, certain alignments of embodiment and psyche seem exempt from productive power, that is, power that can further the subject's enrichment: any lability of gender seems problematic, dangerous. Both in Freud and in Lacan,

subject formation is dependent on an early, unconscious, deep structure of signification that spins bodies into a gendered net of meaning. Feminist theorists have wrestled with this strangely bifurcated, male-dominated system of bodily fantasy that somehow assigns negativity and loss to the female body a priori, and Elizabeth Grosz in particular points powerfully to the accumulation of discourse at the site of *this* scar, this stand-in for gendered violence, in the body of subject theory.

The feminist project demands to take the story further, to destabilize again and again the dominant systems for aligning corporeality, power, and meaning. *The Scar of Visibility* is a daughter of this heritage. This study doesn't take on psychoanalytic discourse on bodily fantasy directly—there are many other sites where that occurs—but instead looks to another site of production of corporeal fantasies and incursions, productions that sustain life and enrich the social realm through the generation of differences.

In order to move more fully into that terrain, I will look at a different account of bodily changes and the connections between knowledge and embodiment in Maurice Merleau-Ponty's phenomenology. Merleau-Ponty has become an important touchstone in debates surrounding the reevaluation of experience, and both Iris Marion Young's essay "Throwing Like a Girl" and Grosz's discussion of his synthetic approach to experience in *Volatile Bodies* (1994) have contributed significantly to this revaluation of embodiment in feminist discourse.¹⁶ My performance studies position emerges out of these readings of Merleau-Ponty—not by his stance that universalizes male, white, middle-class experience and leaves no space for thinking about different phenomenological experiences, but by his openness toward embodiment as process. This process relies on plasticity: on the malleability of the body schema, the processual character of this lived perception of one's body.¹⁷ Merleau-Ponty's conception of "having a body" is that it is a spatial *act*.¹⁸ "The word 'here' applied to my body does not refer to a determinate position in relation to other positions or external co-ordinates, but the laying down of the first co-ordinates, the anchoring of the active body in an object, the situation of the body in face of its tasks."¹⁹

Thus the theatre, the spatial performance of embodiment, enters into this conception of having of a body:

Bodily space can be distinguished from external space and envelop its parts instead of spreading them out, because it is the darkness needed in the theatre to show up the performance, the background of somnolence or reserve of vague power against which the gesture and its aim stand out, the zone of not being *in front of which* precise beings, figures and points can come to light.²⁰

Bodies are stage(d) environments: lights on, lights off, spotlight on whatever our attention is focused on:²¹ "The body image is finally a way of stating that my body

is in-the-world. As far as spatiality is concerned . . . one's own body is the third term, always tacitly understood, in the figure-background structure, and every figure stands out against the double horizon of external and bodily space."²² In this ongoing, living triad of figure, external space, and bodily space, the positions are mobile: the object on the double horizon can be an external object, but can also be the image of the cancer cell that attention and energies become focused on, or the broken nail of one's finger, which becomes the focus of attention of the scissors/fingers assembly I create in my other hand. An interesting twist can emerge out of the focus shift, from phenomenal bodies to socially designated objective bodies and back, held in suspension in the ground of self that emerges in this weft. This shift is the basis of my politics.

Merleau-Ponty's image of the triad of figure (the object or state to be perceived), and double horizon (the horizon of the external world and the horizon of interior space), when read against its grain, also allows for another destabilization, another spatial adjustment. In this reading, I focus on the very space between the double horizons, the unrepresented (or, made unrepresentable) distance between self and (social) identity. When the figure becomes the *space* itself, the noncoincidence between interior perception and the feedback from the orientation to the outside can become experiential. This opening, this tension, emerges into experience. Just as the phantom limb sends messages to the self that do not coincide with visual information about the body in space, so the scar can thus have the potential to be a place of destabilization. Scarred nerves create oscillating, uneasy alignments between visual information and interior perception—and in the same way, exterior identity, the image of self that is part of the public scene, can be in tension with the interior sense of self.

Franz Fanon's phenomenology of the hail is an example: the moment when a colonial subject recognizes herself as Other, identifies herself with the "negro." The horizons of self and outer space congeal into contradiction against the figure of skin and blood. Fanon tells how the child's call "Mama, see the Negro, I am frightened"²³ "splattered [his] whole body with black blood."²⁴ A disconnect opens up between sense of self and social image. Between the horizon of self and the horizon of visibility, differences and gaps can open up and need to be kept open to allow the categories we have of each other to remain permeable. Other matters of splattering paint need to be held at bay: the tar of pity, of tragedy, of victimhood that comes with many kinds of medical diagnoses, cultural pronouncements, and social readings (of AIDS, cancer, diabetes, developmental disabilities, mental health status, and other diagnoses discussed in this study). Political labor can refuse to smooth these moments into the "naturalness" of skin. It can mark the distance between one's provisional sense of embodiment and the social as well as lived knowledges of that embodiment. Instead, within the horizon of the phenomenological experience,

an attention to the shifting border in time can posit the site of the scar: the living, breathing site of protest in the flesh.

This figure against a double horizon, and the opportunities and problems presented by their distances, impressed themselves vividly on me during a performance I witnessed at Goddard College in Vermont in August 2004. Pam Patterson's *Bodysight: A Reclamation Project* occupies a space between visual projection, phenomenological thickness of flesh, and the three-dimensionality of experience. Patterson lives with breast cancer, and she prefaced her performance with a talk she gave to the twenty people who had assembled as her audience. She talked eloquently and movingly about her bodily history, her journey from nondisabled to disabled living, and on from cancer-free to living with cancer. She talked about the multiple struggles, about her support system, and about the connections between her practice as an artist interested in epistemological issues and her experiences as an inhabitant of Cancerland. She also gave us instructions for our behavior during the performance: we were free to move about and engage with the various aspects of the performance space.

The transition from this talk, witnessing herself and her history, to performance mode occurred swiftly but markedly. Patterson stood up and matter-of-factly undressed in front of us. Beneath her white shirt, her one breast and her only months-old scar became visible next to her muscular arms. She then dressed in a flowing white shift, a gown that marked her entry into the realm of the performance ritual, into specific traditional notions of femininity not echoed in her everyday clothing, and which echoed the visual register of hospital gowns (and bridal slips). Her move to stage back was graceful, and the caressing material of the gown became experiential to me: the cool, fresh fabric on her brown skin on this hot summer afternoon. Skin shifted into the foreground, became the figure delineated by the visual experience, and my own being-in-time-and-space.

In back, Patterson lay down. Her daughter, Eireann, who had been introduced to us as part of her support system during the preperformance talk, entered the stage, knelt down next to her mother, and played a melody on a recorder. As the sounds floated away, Patterson moved slowly, her arms and hands weaving next to and above her prone body, swooping down onto her torso with pointed fingers, like syringes, or an Amazon's arrows.

The performance action consisted of Patterson's path back to the chair standing empty in the front area of the stage. During her journey, Patterson cited passages from Émile Zola's *Nana*—passages that focus on the woman as carrier of decay, as agent of disease, of pus, and the breakdown of bodies. The text, offensive and misogynistic, took on a different shape in her citation: given the background

she had given us, the vitality of the language and the excessive life force of the changing body of the narrative pushed my rational and critical assessment of the narrative aside, supplemented it, opened up new horizons within it. The speaking woman reclaimed her story.

Patterson had created a heap of actual breast prostheses halfway between her place of lying down and her place of sitting up. She later told us that all breast amputees are given a sample of these strange shapes. They were balls of material, covered in a satiny, shiny material, and not looking anything at all like breasts, and nothing like the skin of this sunburned woman. During her performance, she gathered them up, carefully tucking them into the crock of her arm: a maternal, tender gesture. In the next moment, she released them, throwing them up in the air, and moving on, through the shower of small pink cushions bouncing gently off the floor. Again, skin touch, skin feeling, touching, and being touched moved into the foreground: from visual image to sensual caress, electric and flowing like waves of materiality between Patterson's stance on the stage, and us, the audience, mesmerized on our chairs.



*Pam Patterson, Bodysight:
A Reclamation Project,
Goddard College, 2004.
Rehearsal photograph by the
author, used with permission of
the artist.*

Back at last in her chair, Patterson took up a journal she had begun on the day of her diagnosis. She read from it, recounting a long and convoluted dream. During her preperformance talk, she had shared with us the effects of the narcotics on her, of the strong painkillers stopped only weeks before this performance took place. She spoke of the dreamland she inhabited. Now, we are invited into a powerful narrative of this dreamland—Cancerland.

We experience vicariously her dis-location, the fuzzy, freewheeling nature of another's dream. The dream tells of different spatial experiences: moving effortlessly between locations. It tells of different embodiment: in the beginning of the dream, the narrator finds herself in the body of a child, and she isn't even clear on the sex of that child—a passage that riffs on Patterson's beautiful androgynous appearance, her naming herself as a bisexual mother. Within the dream, personalities and bodies mix, and sites of libidinous investments into bodies multiply: with the narrator, we visit brothels and eat large quantities of food.²⁵ Stories, and their power, draw us into the other's experience, into the phenomenology of a making sense of images that threaten to bring down narrative structure and language itself, stranding the dreamer in bodies outside genders, in the fruitful plasticity of make-believe.

During her performance, the members of her audience had moved about, investigating the space setup: in front of every chair arranged in a half-circle, a stone was laid on the wooden floor of the stage, and on the stone stood a small, single slide viewer. As I held the viewer to my eye, and looked away from Patterson and out toward the open side door of the theater, into the sunlight streaming in, I saw a small area of skin. During the performance, I moved to different stones, seeing different parts of skin, and exchanged viewers with others, accumulating a view of skin, creases, a nose, a mouth.

In that half-circle, a translucent body had been laid out for us, allowing us a visualization of a body (and Patterson later tells us that it is indeed hers, post-op). Like X rays, the slides needed external light to be seen, and we needed to look away from the flesh-and-blood performer to gather the pearly, shining bits of body.²⁶ As an audience member, I had to make decisions, and I experienced the prize of vision every time something happened as I looked away. The visual bits were seductive, gorgeous, and so was the presence in the middle of the stage. Tactility, and the movement necessitated by visions, became clear as the audience members' bodies crossed and wove before and around the stones.

Before her performance, Patterson had invited me to intervene in her performance and had announced this invitation to the audience in her preperformance talk. She gave control away: playing consciously with the power of stories, endings, performances, and leadership. I took my cue from the half-circle keeping performer and audience apart, and from the fragmented body presented in the slides, and

asked those willing to step over the stones and join Patterson in the middle of the stage. There, we formed a circle, and I led the group in some basic exercises aimed at bodily ownership, the experience of bodies in space, and of groundedness. From there, I opened the circle up to a more playful scene: we used our breath's energy momentum to reach across to someone else in the circle and touch them. We broke the symmetry of the circle form and engaged in a more free-form experience of shared space. We built the scope of touch and connection, and we collapsed amid laughter into a Twister heap in the middle of the stage. Patterson and other audience members decided that this casual heap was the right place to continue, and she spoke for another hour with us about the performance and her experiences, until her openness coaxed from members of the audience many other cancer experiences and experiences of bodily differences, and both helplessness apropos and empowerment within the medical system.

She explained her reasons for the little visualization machines circling her performance: during her recent experience, she had received an MRI, X rays, two ultrasound biopsies, three mammograms, and other interventions, and the display was her way of reclaiming her body's experience from these visualization machines. During this postperformance moment, the prostheses were brought into our circle and handed around, played with, shoved under shirts, and held against male, female, and transgendered breasts.



Pam Patterson, Bodysight: A Reclamation Project, Goddard College, 2004. Detail: slide viewer on stone. Photograph by the author; used with permission of the artist.

Merleau-Ponty's figure and double horizon came alive in my witnessing of Patterson's performance: the double horizon of visual information about a (different) body and the traces of embodiedness were cast into relief by my own bodily experience of witnessing Patterson. This multiplicity and narrational richness of her performance echoed in the (transgressed) leaky, stone-rimmed boundaries of her stage setup, and in the sound of recorder and voice, reaching beyond the stage setup and floating across the whole space. The space between the horizons hovered in the division and attraction machines of the little slide viewers with their lure to see a body, and to see the act of seeing itself, the turn away to the light. Knowing bodies, knowing one's own body, became the *object* of my phenomenological experience. The senses, and their different information, impressed themselves on me *as senses*. The differential between her and me and us vibrated in the witnessing of Patterson's strong voice issuing from her muscular yet aching body. We witnessed her presence in time, experiencing time as passing, and the moment as a mark made against time.

The postperformance sharing was part of the performance, and the endless squeezing and playing with the prostheses spoke to me about permission to vicariously experience the bodily difference of the one breast, the emotional difference of loss, and the search for warmth and connection in the illness narrative. In the performance, Patterson's body had found a new balance, not based on a visual symmetry, but on a location in time and space. But her story hadn't been revealed: the translatory mechanisms of symbolic movement, the dream sequence, and the literary quotations vibrate with the (equally conventionalized) survivor narrative, and the different genres, the different translations of life into narrative, chafe against one another. In the same way, the medical visualizations are not superseded by the artistic rerenderings of Patterson's body in the small viewers. Instead, the ground of meaning making and knowledge moves into focus—that space between my own imagined body and hers, the distances between senses and between texts. Patterson's experience is not knowable, but I share with her her own discovery of the different kinds of self-knowledge generated by her passage through the often kind hands of the cancer hospital.

And so we sat in the Haybarn Theatre, dust motes drifting lazily in the warm air high up in the rafters above us. More than one of us spoke out about the performance's generosity, about its refusal to privilege the scar as a mystery, about the liberating act of disrobing before the performance, taking away the unspeakable social space of cancer, and allowing for a different sense of shared space, brought full circle in the comfortable sprawls on the old wooden floor.

Within the narratives offered in the circle, the medical system was usually cast as the Other, as the monolithic medicoindustrial complex. Some acknowledged that this placement was provisional and not absolute: Patterson thanks the Healing Journey Program of the Princess Margaret Hospital in Toronto as part of her

preperformance talk. But it is easy to see the problems with a system that seems to take little interest in the nexus between visibility and embodiment, as evidenced in the design choices represented in the strange-colored fabric balls.

This problem is not just brought up by Patterson. Many women decry the lack of information about postoperative options in breast cancer treatment. A group of Breast Cancer Survivors has created a resource for people facing surgery, the *Show Me Photo Collection of Breast Cancer Survivors' Lumpectomies, Mastectomies, Breast Reconstructions and Thoughts on Body Image*. This publication shows the actual effects of operations on real bodies—bodies with faces, smiling out at the camera, sharing generously and with pride their experiences. The women speak in detail about their experiences with specific medical procedures, and they talk about some of their fears and desires. Some partners also voice their thoughts. Of course, there is a cost and a pain associated with this sharing; it's not an easy, everyday thing, as real women's bodies still negotiate cultural taboos. And thus, I do not reproduce an image here, honoring their request: "By ordering this publication your organization agrees not to copy or excerpt any portion thereof, or to distribute it to any other organization or group except for the purpose of advising patients, training staff, or other purposes consistent with protecting the privacy of those individuals featured in the publication."²⁷ Different from many of the artists mentioned in this study, who tend to be eager to see their work reproduced, and share generously with researchers, the Show Me image owners emerge out of a different economy, a different set of thoughts about the costs of visibility.

Publication, visibility, and telling one's story—these are acts, a putting of the private onto the stage of the public, and these acts need careful negotiation. The libidinal investment in breasts marks breast cancer performances as liminal places of (in)visibility: loss and life meet, mourning and ritual, community and collectivity, individual trauma and social responsibility set the frame for performances such as Patterson's. The smiling, generous women of the *Show Me* collective negate loss as the core site of living. They are aware of the costs of bringing the (non)visible into the foreground, of spinning the web of bodies, culture, and self in its implications. Their stances, their careful attention to the three-dimensionality of their bodies, and their desire to reach beyond themselves to educate and help others speak of the flow of life.

PRODUCTION MACHINES: THE BODY WITHOUT ORGANS

To further frame this study's perspective on phenomenology and politics, I want to introduce a second nexus of bodily fantasies at the site of the scar. Psychosis and schizophrenia are concepts that have significant currency in critical thought as metaphors for the pathology of contemporary social relations. Metaphors of

psychosis rule significant aspects of writing about bodily fantasies, as my final chapter will testify to. But antipsychiatric writings have long protested against equations that conflate loss and negativity with social dysfunctionality.

Embodied experiences of (a diagnosis of) schizophrenia and the ambivalent use of nerves as linguistic sites of embodied metaphors, versions of scar tissue, emerge as Antonin Artaud describes the onset of physical symptoms that would bloom into his schizophrenic experiences: “There is a certain sensation of emptiness in the facial nerves, but an active emptiness, so to speak, which physically took the form of a kind of vertiginous magnetization of the front of the face.”²⁸ He goes on to describe the distressing experience of splitting, the disjuncture between self and world experienced at the site of social contact, the face. Later he writes about his facial skin:

And this lubricating membrane will go on floating in the air, this caustic lubricating membrane, this double membrane of multiple degrees and a million fissures, this melancholic and vitreous membrane, but so sensitive and also pertinent, so capable of multiplying, of splitting apart, turning inside out with its glistening cracks, its dimensions, its narcotic highs, its penetrating and toxic injections, and all this then will be found to be all right, and I will have no further need to speak.²⁹

The detaching, torn skin of the face floating, magnetized, between different poles of attraction—the skin/self/face as membrane—these horrible, beautiful images have incited discourse by medical professionals, philosophers, fellow survivors, and artists.³⁰

Gilles Deleuze and Félix Guattari’s *Anti-Oedipus* set up the terms for a debate on the generative potential of schizophrenia as a critique of contemporary relations, following writers such as R. D. Laing (in the United Kingdom), Jan Foudraïne (in the Netherlands), and Thomas Szasz (in the United States).³¹ These studies both emerge from and comment on a romantic tradition that sees salvation in the mentally ill, in those outsiders whose particular perspective illuminates the madness of the social world. Many critiques of Deleuze and Guattari’s project have indeed focused on this issue of romanticization, and of the elision of real-life suffering of mental health system survivors. In the introduction to their work, the two main schizoid characters mentioned by them, Judge Schreber and Antonin Artaud, emerge as figures of relentless productivity, but the very grating of their living through this unstoppable pouring forth echoes a deep personal suffering.

Early on, Deleuze and Guattari quote Artaud’s rich and strange voice:

Under the skin of the body is an over-heated factory,
and outside,
the invalid shines,
glows,
from every burst pore.³²

The production or nonproduction of bodies as systems or organisms becomes the issue at the heart of the “body without organs” (BwO): the body as a living experience but without organization (and therefore outside stratification into economic systems of meaning making). This term, coined by Artaud, characterizes Deleuze and Guattari’s quest for a schizoanalysis, a methodology that investigates its own origin, investment, and history, and that resists totalizing theorizations. As such, schizoanalysis is less a productive reading of *schizophrenia* (as a term beholden to the system of psychoanalysis) than a method predicated on the unconsumable nature of production exercised by schizophrenics such as Schreber and Artaud. This method queries what methods, theories, bodies, and minds *do*—how they produce.

The “overheated factory” bursting forth: this image of production given by Artaud (as he is writing about Vincent van Gogh) references the physical violence of this production, and its excessiveness. The BwO, the schizo body, is always in tension with organization—with the “desiring-machines,” binary machines that couple and make, that create meaning, that produce. The subject emerges as a surface effect on this tense production assembly. And the schizo, unable to stop the flow, lives in the violence of the schizophrenic “either . . . or . . . or . . .” which refers to the system of possible permutations between differences that always amount to the same as they shift and slide about.³³

The body without organs, without organization—this experience of agency without subject—becomes the not-quite containable strata on which meaning and order can settle temporarily and uneasily. Deleuze and Guattari name this libidinal push toward organization the binarizing “desiring-machines”:

The body without organs, the unproductive, the unconsumable, serves as a surface for the recording of the entire process of production of desire, so that desiring-machines seem to emanate from it in the apparent objective movement that establishes a relationship between the machines and the body without organs.³⁴

Violence and suffering are not washed away in this onslaught of machine metaphors. I at least find many references to the realities of hospitals and their treatments: “The catatonic body is produced in the water of the hydrotherapy tub.”³⁵ The allocation of meaning, sense, and order is a struggle dependent on channeling a specific, linear stream out of the ubiquity of water, creating bodies out of watery substance, solidifying that which resists.

The ongoing production of self within the folds of surfaces and the painfully invested realities of these labilities of surface can focus on another name for the fold: the scar. The bodily scar is the locus of mixtures and mergers. The scar is alive at the site of the subject, knitting difference into identity and identity into difference.³⁶ The scar, the trauma, and the cut are not simply tragic sites of loss, but also,

and more important for me, sites of fleshly (and skinly) productivity, if productivity at a price.

It is at this moment that my use of Deleuze and Guattari's conception of the subject as a formation on the surface of productions and nonproductions meets Merleau-Ponty's body scheme, with its plasticity and its orientation toward the world. The scar is self and nonself: it implicates and questions the subject's agency and yet asserts the viability of the body/mind as a creative, adaptive, and plastic entity. The scar moves matter into a future of a new flesh: a different subject emerges, a re-creation of the old into the new, into a repetition that holds on to its history even as it projects itself into an unpredictable future.

This new, smooth flesh emerging in the scar tissue holds on to old impressions and plans; the new skin wrinkles with the folds of experience. Stories of scarring, the intensity of living, and the production of flesh, tissue, material at the site of the scar are the connecting image of a range of arts interventions that move in the realm of Artaud, Deleuze and Guattari, and others who experienced and commented on lives lived in and through difference, and often shaped by violence. At a number of points, the clash within the ferocious machine of (un)containable production emerges in my reading of bodily work. In these readings, pain, bodily incision, and stories (all with their differential power over lives lived, depending on who wields the knife or tells the story) foreground the mechanics of meaning and embodiment, and the phenomenology of signification. The scar remains and holds on to the visual, experiential, bodily, and signifiatory traces of these mechanics.

THE PERFORMANCE OF THE SCAR

Scars and other violent bodily incursions have considerable currency in performance studies, and the scene of the Lacanian body is in full dramatic mode in Peggy Phelan's introductory comments to *Mourning Sex*, a text that, like mine, fantasizes bodily injuries, but from a radically different perspective. Phelan's perspective characterizes performance as a rehearsal of loss, whereas the ongoing and processual movement of creativity subtends mine. This is not a diametrically opposed vision, that is, the other side of the coin, for surely death is part of life. The difference is formal: my work relies on a multivalence and multiplicity of sites within bodies, culture(s), and spatiotemporal flow rather than the solid, predetermined narrative Phelan seems to claim for life's path: "Severed from the placenta and cast from the womb, we enter the world as an amputated body whose being will be determined by the very mortality of that body."³⁷ Phelan's conception of bodily being sees it as eternally wounded physically and psychically, and tortured by this wound's foreshadowing of death—that event that exceeds and limits language and experience alike. Phelan's conceptualization of life, from birth to death, speaks with a traditional

power. She cites a Lacanian tradition, a psychoanalytic history, that embraces loss. More than that, though, she goes a step further. In the same paragraph she writes: “It might well be that just as linguists have argued that syntax is ‘hard-wired’ into the brain which allows infants to discern that specific sounds are language bits, perhaps the syntax of loss is hard-wired into the psyche which structures our encounters with the world.”³⁸ That’s a grand step: to posit, even in the “might well be,” the “hard-wiring” of loss’s syntax. But it might *not* well be, and well not be. More to the point, the enunciative power of writing a sentence that wills or wells this loss enacts an erasure that hurts or wounds. It enacts a casual erasure of a long-standing feminist tradition of thinkers (and movers) who, while interested in psychoanalysis, reject or rework it precisely because of the irrecoverable nature of loss as its master sign, and because of the dominance of the Oedipal scenario and its erasure of the woman (or the multiple).

From Irigaray to de Lauretis, from Cixous to Braidotti, feminist theorists have rallied against that particular feature of the Lacanian universe, worming their way in and out of a framing that while not beholden to biological inscription, instead seems to anchor in place an equally monolithic psychic inscription. And here, in Phelan’s phrase, loss’s conflation with the site of birthing and the experience of bodily being brings the biological inscription back into view. And what other battles are lost as irrelevant when psychic syntax is (yet again) hardwired? What is *hard-wired* anyway—machine bodies of steel, inflexible—what technologies of meaning making echo when I speak this verb?

But Phelan doesn’t leave her readers in the grasp of technologies that posit only one exit. A few years later, she writes beautifully of a letting go, of a relinquishing of control. She writes memories of her own lover’s death into the dangerous, because deadly (for women), beauty of the opera *Orfeo*, directed in Brussels by Trisha Brown, who in turn spoke of a parent’s death occurring “somewhere between two movements” of a dance she was working on. A father died, a daughter came to that death, somewhere at some point in the work, during this dance, in those dancing people moving.

This caesura, this “in between” becomes the rhythm of Phelan’s piece. The caesura is in the heartbeat between two styles of writings, two typefaces, two faces. (I will revisit the caesura as the moment of held breath, or the flash of a photograph, again in chapter 2.) At this temporal interval, Phelan opens up to choice: “Brown’s attention to the caesura between each movement phrase invites us to consider whether this pause holds breath, or death, or both.”³⁹ The decision is open.

This sense of performance at the site of personal/cultural difference and transformation meets another aspect of performativity: the self meeting the social (one aspect of the triad figure in Merleau-Ponty’s work, illuminated by Fanon’s blood

splatter and Patterson's multiple audience addresses). The sense of the disconnect between fantasies of self, location, and visibility, and the burden of (mis)recognition is at work in a small performance scene that undergirds critical theory's location of the individual in ideology. Louis Althusser brings the workings of ideology and ideological state apparatuses into the sphere of experience, making it dependent on practice, when he lets his readers "assum[e] that the theoretical scene I have imagined takes place in the street."⁴⁰ The scene is that of "the most commonplace everyday" police (or other) hailing: "Hey, you there!" . . . the hailed individual will turn round. By this mere one-hundred-and-eighty degree physical conversion, he becomes a subject. Why? Because he has recognized that the hail was 'really' addressed to him."⁴¹ The hail (or interpellation) is for me the most memorable line in Althusser's writing, as a complex theoretical framing meets the everyday, the life on the street, as they did in Fanon's scene. Bodies become the turning point, and the hinges of the frame.⁴²

And of course, Althusser's subject is a "he"—the general subject, already at one remove from me, already in a space of (mis)recognition. I want to make this scene (which Althusser goes on to call "my little theoretical theatre") resonant for the coming together of embodiment and social structure, for the recognition of the individual in the hail, or in the case of this book's argument, in the fantasies, languages, and images of bodies that make up the apparatus of medicine as an ideological entity. When hailed as a body (of a certain kind, in a certain place), the turn of acknowledgment might not be as automatic, straightforward, as it is in Althusser's scene.

Much can happen in the space of a turn. Finding a space to duck, temporarily, only half-hidden, people have found ways of finding alternatives to the dominant naming. This ducking is not a function of the individual: a free-willed, sovereign self that steps outside social codes. Duck, jump, slide, swerve—the dance of embodiment that is the topic of this study emerges instead out of complexity, and implication, a dance of a body that is well aware of being the object of the hail, a body that has accepted its position and yet engages in the lateral move of the turn.⁴³

Most important for me here is the sense of active participation, given that in the "little theatre" the turn is necessary for the system of ideological framing to take hold and create its scene. This issue of power in practice characterizes the writing of Michel Foucault, who queries the "individual" as a place of analysis, and who writes that

it seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organization; as the process which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them; as the support which these force relations find in one another, thus forming a chain or

system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies.⁴⁴

Force, fluidity, and crystallization are the ways that power is understood here—not directed, agency-full, and individualized. I will use this language complex, this way of thinking about the historically contingent amalgamations of power, and its shifting, rehearsing shapes, as the foundation for the chapters that follow. With this, I set up a performance definition of shared space and mutual implication. As performance theorist Rebecca Schneider has written:

The notion of “performance,” when attentive to the reality effects of performativity, bears well complexities of complicity. Performance implies always an audience/performer or ritual participant relationship—a reciprocity, a practice in the constructions of cultural reality relative to its effects. As such, the study of performance and the trope of performativity have become integral to the “space between” self and others, subjects and objects, masters and slaves, or any system of social signification.⁴⁵

The space and time of cultural representation is a shared one, within which power, agency, and the notion of both individual and body are problematic, and yet generative. The issue of complicity comes further into focus when I begin a serious play with performance scholar Richard Schechner’s formulation of performance as “twice-behaved behavior.”⁴⁶ If I think this onward, “n-behaved” performance can stretch itself out as endlessly repeated behavior, setting up a time line that sums up the past and delineates the future as a seamless whole, a “natural” for the behavior in question. And yet, “once-too-much behaved” performance arrests the flow and engenders change after the cumulative and unnoticed accretion of differences within repetition.

Witnessing the behavior just that once more, maybe with a different viewpoint, a different sense of time and space, kicks out the construct of the “natural.” At what point one repetition falls into the other one, n-behaved into once-too-many behaved, is unpredictable and dependent on the field of forces, agents, knowledges, and powers coming together in the act of perception. Likewise, the event of the second kind of performance doesn’t mean a radical change across the whole social field—the power of the n-behaved behavior is sanctioned by a whole range of performances collectively called tradition, and which are hard to dislodge in a system-wide move.

The act of embodied perception, then, is one of my foci. The images and performances discussed here are not free-floating objects, naturalizing a borderless and placeless art world that transcends physicality. Instead, my analyses hope to enact the sense of spatial and temporal specificity (in train stations, theaters,

coffeehouses); my experiences and reading practices, in the end, provide the ground for the theatrical encounter, for the drama of fantastical shapes and stories knitted out of the different discourses that make up knowledge.

It should be clear by now that I do not see clear boundaries between art-framed and non-art-framed performances: during my stroll at Union Station, my reception of the work at this train station is colored by the site and the practices of commuting, city movement, and traversing space. In Pam Patterson's performance of reclamation, issues of boundaries and their politics leaked out into the final sharing circle. Performance, then, is the enriching, personal, and yet ambivalently owned activity of living through and with discursive formations, shaping selves, bodies, minds, their distinctions, and their overlaps in the acts of existence. We act life, moving toward a future.

In chapter 1, heroic and everyday bodies meet as I investigate power fantasies surrounding drugs, and the bodily fantasies and spatial practices of display in Gunther von Hagens's much-discussed *Body Worlds* exhibit, an exhibition full of plastinated corpses. I contrast this work, offered to its audiences in a science museum environment, to a community arts project created by video artist Shimon Attie. In Attie's installation, visions of diabetes emerge as changing landscapes, expansive fields, and they cloud "transparent" imagery of bodies.

The issue of clarity and knowability are also at the heart of chapter 2, which focuses on temporal practices surrounding bodily certainties and temporal ruptures. Medical knowledges as historical projects, changing and malleable, come into view in video installations by Douglas Gordon that focus on mental health diagnoses and war trauma, and in a cancer performance piece by Angela Ellsworth. Gilles Deleuze's virtuality provides a key to allow me to think about different futurities—not futures fixed in the known, in the categories of the now, but futures that remain open to difference.

Bob Flanagan's performances in hospital beds, on dissection tables, and even in coffins are much discussed examples of pain art, and chapter 3 investigates his work with his collaborator, Sheree Rose, with a focus to undo knowledge about his pain. This focus on unknowability rather than secure cause-and-effect relation opens up his work to a sensuality that speaks to scar productivity—the knitting of discourse.

What would happen if wounds and bodily openings permitted communication, and not just heralded breakdown? This question guides my queries in chapter 4, where I discuss Roland Barthes's writerly reading as a mode of opening one's body to multiplicity—a gesture that becomes enfleshed in the performance practices of Kira O'Reilly, who uses leeches in her work; in Stelarc's and Mona Hatoum's

work; and in a video installation by Emilie Telese, who uses drugs to move toward another person's chemical being.

Chapter 5 explores scar scandals, such as David Cronenberg's film *Crash*, which fetishizes wounded bodies, and Marina de Van's film about a self-cutter, *In My Skin*, and finds implicated agencies and excessive laughter in a Medusa painted by a migraineur. Donna Haraway's cyborg storytelling offers me a way to discuss these different art practices as modulations, as creative improvisations built out of positions of disempowerment.


Chapter 6 continues this discussion of power by focusing on representations of the AIDS virus in the National Museum of Health and in an episode of *CSI: Crime Scene Investigation*. I analyze how a particular story about AIDS concretizes visions of social relations and knowledge structures, and how this story can be playfully engaged with and partially defused in the art practices of Hamad Butt.

The last chapter negotiates relationships between specialist and patient, outsider and insider, in a discussion of various sci-art collaborations in the United Kingdom and Australia, and of work by Martín Ramírez, an institutionalized outsider artist whose work has been widely shown in the United States. Relative positionings, and ways of transgressing and traversing these fixities, emerge in sound vibrations, mirror games, and mountain climbing.

The book closes with an epilogue, where I discuss the inevitable relationships among my critical project, the fruitful and politically motivated partial destabilization of bodily knowledges, and the productive maneuvering of unknowability, with my artistic practice as a community artist and disability culture activist. I discuss how many of the issues emerging in this study originate from and reinsert into my work in disability culture settings, using a specific art workshop on a Rhode Island beach as my focal point.


Together, I offer the chapters in this book as evidence for the richness of contemporary visual and performance work surrounding ways of knowing bodies, and as witnesses for the urgency and vitality of community art practices and other art that emerges on the margins of conventional and traditional art spaces.

Listening, seeing, and touching, as well as standing witness to the unknowability of the other, we can find respect for one another, and for our struggles. In turn, this attention to the amalgamations of experience, embodiment, and signification, and their interplay on the limits of the medical and the artistic, can impact systems that can feel invasive, alien, and too powerful, and move us forward. The scar holds on to memory and throws up matter that shapes improvisatory solutions pointing into a future.



1. Visions of Anatomy

SPACE, EXHIBITIONS, AND DENSE BODIES



IF DELEUZE, GUATTARI, AND THE FEMINIST SCHOLARS of corporeality I discussed in the introduction aim at a destabilization of knowledge, medical science's pursuit of representation is necessarily engaged in a different project. Certainty and perfectibility are the objects of scientific research and visualization practices. These goals shape the agenda of contemporary biomedicine, which aims to close the gap between bodies and images, at least for practical purposes. With the belief in the correspondence of body information and visualization machinery, the trajectory goes toward a translucent body whose data are visibly available.¹

In 1995, the following text was called "science fiction":

Jennifer Roberts . . . is training to become a surgeon and is at her SE (surgical environment) station . . . the haptic interface, which includes a special suite of surgical tool handles for use in surgical simulation (analogous to the force-feedback controls used in advanced simulations of flying or driving), enables her to practice various types of surgical operations on the heart. . . . Her training also includes studying heart action in real humans by using see-through displays (augmented reality) that enable the viewer to combine normal visual images of the subject with images of the beating heart derived (in real time) from ultrasonic scans. Although there are still some minor imperfections in the performance of the subsystem used to align the two types of visual images, the overall system provides the user with what many years ago (in Superman comics) was called X-ray vision.²

This text is part of a narrative written by the National Research Council's Committee on Virtual Reality Research, projecting five to ten years into the future. Much of

what is described here has become (some kind of) reality: force-feedback controls are indeed used in medical training today,³ and ultrasound scans have become very finely tuned and so commonplace that public warnings circulate (in the United States), making prospective parents aware that they should not take too many and too long ultrasound scans of their embryos in entrepreneurial baby video studios.

Medical science's relation to visibility is a recurrent theme in this study, and so is the issue of critique, taking its cue from Piaget's warning:

Realism . . . consists in ignoring the existence of self and hence regarding one's own perspective as immediately objective and absolute. Realism is thus anthropocentric illusion, finality—in short, all those illusions that teem in the history of science. So long as thought has not become conscious of self, it is prey to perpetual confusions between objective and subjective, between the real and the ostensible.⁴

But instead of pursuing Piaget's problematized objectivity, my agenda moves by tracing the multiple effects and affects that emerge from the meetings of subject, objects, selves, and others.⁵ Different perspectives on medicine's knowledge projects and institutional framing multiply, and no one stance toward a monolithic biomedicine or its politics emerges in the works I am discussing here.

In order to open up a discussion of space, exploration, conquest, and clarity in the medical visualizations of human bodies, I will address medical knowledges by introducing two artists whose work circles around pharmaceuticals, before I enter the main argument of this chapter, an analysis of Gunther von Hagens's *Body Worlds*, the plastinated corpses on display in science museums, and a video installation by Shimon Attie that references experiences of diabetes.

I return briefly to the stroll through Union Station described in the introduction, and to the temporary display of work by disabled artists. Here I find many creative responses to biomedicine as an institution, among them John Sykes Fletcher's *Empire State Building* (part of a series, 2002–03). Within the display in Union Station, the image is arresting: it is large scale, and its display holds a peculiar echo in a post-9/11 U.S. public environment where security guards are ever-present. The subject mixes the medical environment and the discourses of the public: the photo shows a syringe's top half, complete with needle, outlined against the sky, and the photograph's perspective and composition echo iconic images of the Empire State Building.

Architecture, structure, and iconicity seem the reference points for Fletcher's framing. Fletcher discusses his image on his Web site. There he also displays many different versions of the image, with slightly varying backgrounds for the syringe. On the site, Fletcher references power and powerlessness, and links his reference to drug use and pharmaceuticals to the "achievements of man." He was diagnosed with MS in 2001, and he explains how this diagnosis, and the hospitalization that

preceded it, led to his art creation. Fletcher's description of his life postdiagnosis focuses on the pharmaceutical industry. Different from some disabled artists, Fletcher's perspective seems celebratory rather than critical, emphasizing the achievement of modern medicine and the costliness of the endeavor. For him, his needle imagery captures the achieving, soaring aspect of pharmaceutical development, ennobling his own needle ritual, his body's need for the injected medication:

I see similar magical triumph and freedom in my world of drugs and the ritual of the needle. Space rockets, skyscrapers and steeples are obvious expressions of man[']s achievements. Pharmaceuticals in many ways require more sophisticated understanding of our fiendishly complex billion year old biochemical processes and have a far more direct influence on both the physical and psychological state of a user, yet their delivery mechanism, unlike the multi-million dollar NASA



John Sykes Fletcher, Empire State Syringe #10.22.2, 1996. Copyright 1996–2005 John Sykes Fletcher.
<http://www.sykes.fl>

leviathan is a small throw away poly-propylene device manufactured in the millions, a device that is firmly part of the real and tangible geography of Susan Sontag's "kingdom of the ill," yet in many ways echoes the form of its technological and architectural brethren.⁶

Finding this material on his Web site surprised me. Associations with hubris and catastrophe had held sway over my encounter with his work in the train station, given that the place is close to the 2001 Pentagon crashes and that security guards were constantly surrounding us. My perspective on drug and drug availability was further influenced by the fact that the day of my visit to Union Station was the day of Ronald Reagan's funeral.

In these contexts, the towering image held all the connotations of threat, overachievement, and the connection between big-money business and medicine. In looking at the image, I saw the rationing of drugs, the lines in the syringe reminding me powerfully of the lost opportunities in particular in the "war" against AIDS (a theme discussed in more detail in chapter 6). Power was indeed the subtext of my reception, just as it is the subtext of Fletcher's own statement. When I encountered Fletcher's voice on his Web site, the power of the syringe gained new dimensions for me and opened up to a dialogue that allowed me to see with different eyes. In the clear, geometric lines of the syringe, different attitudes to the world of the medical, the location of power, and the space of the individual in relation to it could find space and breathe. This sense of breath, not cut off by dogma and didacticism, is a mechanism at work in the image: the blue of the sky, the swirling clouds, the glimmer of light on the syringe's body, the measured, balanced proportions of the image: all of these combined to lift my gaze, to follow a trajectory.

In the work of another artist, the embodied effects of pharmaceuticals take on a different charge, and a different kind of fantasy. Ownership and productivity outside the economics of commodifiable self-repetition are the issues at work in Marsian De Lellis's work on pharmaceuticals. De Lellis is a transgendered professional artist working in Providence, Rhode Island. (For self-reference, De Lellis uses the pronouns *ze* and *hir*, which I will also use in this discussion.) Ze created a series of images based on antipsychotic drugs, many of which are familiar to hir from hir own life experience as a mental health system survivor. Recapturing a sense of beauty and retooling fluid identity within a public forum—these are some of the desires I see at work in these images. De Lellis exhibited them in 2003 in the Ocean Coffee Roasters café in Providence, not a conventional art venue but a meeting place, a place where students make up the main clientele. Sipping strong artisan coffees, taking in caffeine for an afternoon of lectures or reading—this is the usual and sanctioned drug interaction occurring within the café's walls. De Lellis's

photo prints insert an impish difference into these rituals: flamboyant, colorful, and seductive, they offer a different take on the pharmaceutical, and on other kinds of drug intake to ensure its “fit” within the social spaces of cafés and streets.

The image reproduced here in black and white is called *respiridone #12*. It shows a light-green, longish capsule, a photo of an actual pill of this medication, respiridone, shimmering in a field of neon green. The image looks like space in '70s science fiction, like the strange phenomena the Enterprise encountered in its original voyage. The flash of science, and its miraculous color effects, beams, transpositions, and traversals, glistens on the photo paper.

De Lellis's series *Side Effects* shows a range of different pills, their identifying marks and different shapes and sizes, in a disco-ball-like, festive, and colorful environment. The manipulation of psychosis and schizophrenia diagnoses by medication, the treatment of choice within biomedicine, is refigured into a carnivalesque hallucinatory vision: a riff on the “drug.” Like Fletcher, De Lellis recycles material out of the biomedical arsenal. Different from Fletcher, De Lellis lets his images do all the talking: no explanatory frame surrounds the images on his Web site. The exhibition in the public communal place of a much-frequented café fosters a dialogue. The images themselves become the objects of meetings, conversations, sharings. When I spoke with the artist, many issues specific to survivor lives came up—not for research purposes, or not for reproduction within this study, but within the ritual of private exchange.⁷



Marsian De Lellis,
respiridone #12, 2003.
Copyright 2003
Marsian De Lellis.

The labeling of the images *abilify* #6, *serequel* #11, *geodon* #9, and *zyprexa* #46 allows for entry points through the reference of medication names: people who have shared the experience of medication have access to artistic re-visions, and people who haven't had personal experiences gain insights into the labeling and marketing aspects of these drugs. In the café, I encounter the names in the drag gowns of psychedelic colors, pointing me to the practices that create drug names and shapes, in ways that are designed to be nonthreatening, pleasurable, and hip.⁸

When British artist Damien Hirst displays cabinets full of drugs (such as *Pharmacy* [1992 onward], different installations, or *God*, a pharmaceutical cabinet made for an exhibition called *100 Artists See God*), ordered not according to function or name but in ways that create aesthetic patterns of color and shape, drugs emerge as material objects and as graphic and sculptural practices. But this aesthetic principle encounters other layers, as often in Hirst's art. His displays evoke complex feelings of nostalgia, as his display cases show drugs that have played significant roles in people's upbringing: they are shown with their old, worn, sun-bleached boxes, maybe bought up from a pharmacy closing down. The careful displays evoke issues of art market and drug prices; some of these drugs cost a lot of money and aren't easily affordable by people who need them. They invoke the power of medicine and its magic, and they tease with the voyeuristic pleasures of medicine cabinets in bathrooms, inviting glimpses into imaginary private lives.⁹

De Lellis's images open up a similarly complex site of the familiar and the strange, the private and the public, and the cost of visibility. Mental health issues circulate in the space of a café, in public discourse. De Lellis creates both uncomfortable and playful space for mental health and its social connotation through his focus on the surface phenomena of these pills: taking them seriously as material objects, as well as iconic signs for illness, and for submission to a medical regime. Entering the images of these pills into the transformatory processes of his (copyrighted) software, does he reclaim agency? He showed me inspirations for his images: material out of the visual culture of clubs, for example, harm reduction club cards that demystify drugs such as LSD, Speed, Ecstasy, Mushrooms, GHB, 2CB. These cards, produced by DanceSafe, attempt to deliver health and safety information in nonhysterical or moralizing language, targeting club goers. Psychedelic colors, swirls, and pop aesthetics mark these cards as well.¹⁰

This alludes to an important aspect of antipsychotic drug regimes, and medically prescribed drug regimens in general: agency and choice moderate the one-way power relation between medical practitioner and patient. De Lellis's playfully serious creative re-visioning of his own and his friends' drugs presents an insight into the many forms that noncompliance can take, into the registers of resistance—resistance even if refusal (of the pill) is not seen as an option. The resistance isn't

productive in the sense of operating within the sphere of meaning exchange that governs pharmaceutical development, but it is productive as a site of excess, of a carnivalesque overflowing at the site of the everyday, the rituals of medication (and the drinking of coffee). Ambivalence hangs over the exhibition: a fascination and revulsion, attraction and denunciation, a buying in and buying out.

These artistic commentaries on pharmaceutical interventions offer ambivalent perspectives on progress. But critical writing around contemporary simulacra practices show that the grand theories of scientific endeavor still have currency and reenter cultural studies. For instance, Robert Mitchell and Phillip Thurtle as editors of *Data Made Flesh* describe the assumption that underlies their collection: they see artists who are working with actual flesh (or living tissue) as superseding the old problems of representation:

We have entered an era where signifying practice and embodiment are no longer conceptually or practically separate. This suggests, in turn, that “representation” is often a problematic term with which to engage embodied information. The mediums for these artists are living, metabolizing bodies; they are no longer representing life, but are creating life.¹¹

I also hold that signifying practice and embodiment are not conceptually or physically separate. But I do not believe that this is only the hallmark of a new era. Neither do I think that there is a significant dividing line between representing life and creating life: to me, *representation* is indeed problematic, not as a superseded, limited concept, but as one that is generative and alive, a dangerous fuel, like Artaud’s BwO. Flesh art is not merely skin deep. Why is this such a pejorative term, given the cultural histories of skins, their colors, and their far-reaching effects?

The artistic and cultural production practices that provide the nourishing ground for my arguments are the results of cultural chafing: of being uncomfortable, in skin, language, medical system. In unfolding the tactics and strategies, the minor stories and sniper languages that try to find spaces for difference in dominant structuring systems, the analyses in these pages problematize the heroic narrative of some of the macho-techno arts. Mitchell and Thurtle are skirting the edges of irony when they write about the transgenic arts and other practices they cover: “Once one recognizes the simulacrum as a productive (as opposed to derivate) element, then we stand like gods giving life to new bodies with every communicative gesture.”¹² I doubt that anyone described in the pages of my book stands like a god (and many don’t seem to have much desire for such a hegemonic position): their creations enter an implicated and politically depressive sociocultural space. This space is the space of the society of the simulacrum,¹³ and the world of simulacra does not emerge out of value-neutral language, but out of a specific analysis of the commodity society and its social relations.¹⁴

VISION MACHINES

Pharmaceuticals as towering buildings, precariously placed in a toppling world, or as opaque objects hovering in disco space, bathed in escape-velocity colors: the discussion that follows moves between these two related moments of creative intervention into medical stories. In the main part of this chapter, I am attentive to how I both look at and feel the effects of the visualization of bodily spaces and the actions that go on in them.

The jumping, modulating lines of heart and brain monitors abound in medical dramas. In them, life is translated: from a living, breathing body into a visual representation. Contemporary popular culture is fascinated with medical machines and their representations and makes them part of everyday public life. X rays, microscopic views, patients' charts with their temperature graphs, ultrasound scanners—these are all familiar sights in shows such as *ER* and *CSI: Crime Scene Investigation* (the top-rated show on U.S. television in the early years of the twenty-first century; see also chapter 6). These popular cultural representations create the large pool of medical vision machines that drive and maintain popular narratives of selves, bodies, death, and life.

These images arrive on television screens with a history and a certain authority. As Martin Kemp notes, “We are all likely to have acquired a very definite sense of how images function in modern medicine—seeing their role as broadly educative, ranging from specialist instruction to public information.”¹⁵ Discussing different historical moments of medical imagery, Kemp points to some of the issues that open up when photographic realism presents the body (he discusses stereoscopic slides of photographic representations of skin diseases):

Even such apparently obvious pieces of mechanical realism proved to be fraught with social frissons, particularly with respect to the portrayal of recognizable individuals and the potentials for voyeuristic viewing. No image ever exists within a purely neutral field, no matter how hard its originators may think they are trying.¹⁶

Issues of recognizability and identification, pleasure, knowledge, and education swirl like De Lellis's space confetti around the medical imagery I discuss in this chapter. The proliferation of medical vision machines, not only in the history of modern Western medicine but also in many of popular culture's accompanying translations and reimaginings, testifies to the problems and desires of vision itself.¹⁷ The inside of human bodies is one of the latest frontiers of knowledge. Bodies are messy, unknown, disavowed in their materiality in large parts of everyday life. The body is “the dark, concave, inner side” of visibility, as Foucault says, describing how the shift from eighteenth-century natural history to nineteenth-century biology engendered a shift of observational emphasis from the outside to the inside.¹⁸ The

object, “the body,” haunted the new diagnostic vision, since the life of bodies could only be translated by various representations.

In the words of visual historian Lisa Cartwright, “whereas the grid of natural history brought living beings to full knowledge, biological representation seeks to get at what cannot be seen in a process that makes all the more evident the disjuncture between representation and ‘object’ (or body).”¹⁹ For Foucault, this shift between different paradigms of medical knowledge is a shift in visibility, characterizing a form of specialization, a new diagnostic gaze. In much popular culture, for instance in TV series such as *CSI* or in films like the *Alien* trilogy, the resulting dark places that are nevertheless holders of life are border areas, the points where wet inside and dry outside meet.²⁰ By virtue of their strange generative function, they are places of abjection. And as historians of science have shown, the history of anatomy and of its correlating visualization techniques is tied to the desire to find secure knowledges, to find stable referents in relation to the messiness of human bodies.²¹ Part of this messiness is the sensory emptiness of so much of bodily workings, and the sites of this emptiness are not culturally neutral: different ways of knowing bodies, that is, different bodies, create different blind spots and sensitivities.

Although we tend to perceive our own bodies as objects in space (proprioception), the insides of our bodies offers uncharted areas to our senses. Phenomenologist Drew Leder observes that “unlike the completed perception of the proprioceptive body, our inner body is marked by regional gaps, organs that although crucial for sustaining life, cannot be somesthetically perceived.”²² Some of these “absent” organs, and the fullness of the human body, only emerge as a lived reality in moments of pain: “A medical mishap can suddenly awaken us to the significance of such bodily lacunae.”²³ But many organs or medical conditions seem to be without sensory equivalences: even if something is “wrong” according to medical diagnoses, it does not necessarily become clear as a sense experience of self. Efforts to promote compliance with antihypertension drug regimens, for example, run up against these problems of invisibility and nonsensory awareness.

As medical images spread out into and interact with popular culture, the sense of destabilization referenced by Cartwright is heightened. Surrounded by medical images and different explanatory schemes, our senses have become unreliable in relation to our bodies, as different ways and registers of knowing bodies interact with one another. That is to say, Western biomedical science, with its visualizing power, sometimes tells different stories about our insides than the narratives that common sense can make knowable.

In the following discussion, I set up a tension between transparency and opacity to analyze the problems encountered in creating representations of bodies that consciously generate possibilities for knowing our bodies. The two terms are not in

opposition, and they have significant currency within visual cultural studies beyond the scope I sketched out above.²⁴ In the context of this chapter, they help me to think about a spatiality of vision, a sense of interaction between gazes and volumes. The thickness of matter—materiality itself—becomes the object of fantasies. The noncoincidence of bodies and visions, and of medical vision machines and individual desires, creates interferences and produces new relations between touch, vision, experience, and metaphor.

Within the medical drama, these problematics of vision and their generative potential persist and become apparent in the different knowledge that patients, doctors, laboratory scientists, activists, and clinicians hold of specific conditions and ways of being. As models and maps of minds and bodies are reconceptualized in the uneven power struggles among different stakeholders, new languages and knowledges are generated.²⁵ In the works discussed below, opaque, thick, material bodies are prodded into giving up their visual secrets and rendering up to the spectator their truth, only to throw back at the inquirer her or his own materiality, the distance between signifier and signified, the living thickness of vision itself—the *act* of vision as an unlocatable limit between sensory experience and meaning making. I read for the political and generative potential of these opaque encounters in the flesh: generative in their ability to raise questions and to create new discourses in the disconnect between experience and metaphor—what I called the productivity of the scar in the introduction.

From here, then, I will leave the general public sphere of train stations and cafés, the spaces of Fletcher's and De Lellis's work, and I will move into spaces differently encoded with ritual ways of seeing art and bodies. I will visit the German exhibition *Körperwelten* (*Body Worlds*), a contemporary science/art project that displays the demystified human body, and Shimon Attie's *White Nights, Sugar Dreams*, a U.S. art project centering on the visualization of an invisible bodily condition, diabetes. *White Nights* develops a vision of the experience of diabetes that plays with medical conceptualizations. The following discussion pays particular attention to spatial practices, to the exhibition context, to the nexuses of meanings brought to the museum and the gallery as institutions of specific encounters. While both projects present contemporary bodies, they echo different historical contexts of anatomical presentation.²⁶

CORPSES, MODELS, AND ANATOMY IN THE MUSEUM

Since 1997, a large exhibition has excited public concern, debate, and voyeurism, as well as aesthetic appreciation. Museums in Germany, Britain, Austria, Tokyo, and the United States opened their spaces to *Körperwelten*, created by a medical doctor and researcher, Gunther von Hagens.²⁷ The exhibition brings into the public forum

plastinated human corpses²⁸—dead men and women, skinned, anatomized, and posed, who had agreed to have their bodies completely preserved after death through a lengthy process involving two years of formaldehyde preservation and plastic injections.²⁹ The exhibition purports to “teach through art”; it wishes to show the workings of the human body by making it as available as possible to the gaze. In order to circumvent the issue of whether or not he is an “artist,” von Hagens writes:

I have introduced the term *Körperwelten* (Body Worlds), by which I mean the “aesthetic and instructive presentation of the body’s interior.” “Presentation” in this case can be understood in two ways: both in the sense of an artistic rendering and in the sense of the work performed by a skilled labourer in the field of art. The instructive component of this presentation likewise has two meanings: on the one hand, it refers to making us aware of our physical nature, of nature within us; on the other hand, it can be understood as a concrete act of sharing anatomical information. Only in this sense do I consider myself to be an artist—an anatomy artist.³⁰

What is at stake in this understanding of knowledge and the human body? Von Hagens’s words highlight two aspects of the dissemination of knowledge. The first is a process of identification, making us aware of what is inside us through seeing what is in front of us and making the connection back to the self, a connection that is by no means “natural.” The second is the “concrete act of sharing anatomical information.” This concrete act entails a spectator standing face to face with the full body of a skinless specimen. Maps, diagrams, even photos are discarded and restaged as “live” sculptural moments. Often, this is a literal translation back into life, in that many of the specimens are stagings of existing anatomical works of art, originally two-dimensional etchings and drawings.

As I entered the spectacle of von Hagens’s exhibition, installed in a gallery space in London, and encountered the first specimen, identification and “concrete knowledge” became deeply problematic for me. As a researcher engaged in a project and as a teacher looking for material to bring back to my classroom, I had already brought different attentions to the exhibits. But as an embodied being, and one that is disabled, I often had to encounter the “foregrounding” of the organs that Leder described as bodily lacunae, brought to attention by pain. I had heard, for example, that various knee prostheses were visible beneath the plastic flesh of the exhibited bodies, and as someone who often has had occasion to think about joint replacements, I had a specific, medically driven curiosity supplementing my desire to see. However, for me, the reality of the encounter fell flat. I did find the prostheses, but no stories of why, how, when, and probably the most urgent question for anyone considering undergoing any sort of operation, with what effects.

The dried plastic in front of me did not speak—it pointed to an absence. I had

come to visit on a Monday morning, relatively early, and therefore did not meet the surging crowds that were such a familiar feature of the exhibition's reviews. I had the whole space, smaller than I thought, more or less to myself. The exhibition is clearly set up to be a mass spectacle, so maybe part of my disappointment and my sense of loneliness apropos these silent bodies meant that my visit was "inappropriate." But I trace some of my discomfort to other sources as well. In the Argentine writer Jorge Luis Borges's tale "Of Exactitude in Science," a map of the kingdom becomes so detailed that it covers the whole kingdom, only to lose its usefulness. As a man writing after his first cataract operations, and as one who would eventually be blind, Borges might have been sensitive to these issues of visual information, mapmaking, and their relation to sense impression:

In that Empire, the craft of Cartography attained such Perfection that the Map of a Single province covered the space of an entire City, and the Map of the Empire itself an entire Province. In the course of Time, these Extensive maps were found somehow wanting, and so the College of Cartographers evolved a Map of the Empire that was of the same Scale as the Empire and that coincided with it point for point. Less attentive to the Study of Cartography, succeeding Generations came to judge a map of such Magnitude cumbersome, and, not without Irreverence, they abandoned it to the Rigours of sun and Rain. In the western Deserts, tattered Fragments of the Map are still to be found, Sheltering an occasional Beast or beggar; in the whole Nation, no other relic is left of the Discipline of Geography.³¹

Much like this excessive mapping, the exhibition *Körperwelten* shows the human body on a strange edge: the moment when the index of the body covers its living space. Standing in front of the first specimen, I felt myself oscillating between the different registers the body before me signified: a corpse, a dead person, a map, a signifier that signified my own body or some conception of a "general" body.³²

These plastinated bodies are both corpses and illustrations, representations and maps: life and death. *Körperwelten* resembles the effect Catherine Waldby recognizes in the digital imaging techniques involved in the *Visible Human Project* (vhp), a virtual, three-dimensional anatomical atlas of entire human bodies located in cyberspace, where visualization grinds the flesh into nothingness: "This technique effectively obliterates the body's mass, each planed section dissolving into sawdust due to its extreme desiccation."³³ In the vhp, nothing but the virtual visual record remains. In *Körperwelten*, depth and mass are retained, but the flesh of the body, its opaque singularity, is excised.

Plastic replaces flesh and paint enhances order among the many different tissues and structures. As Waldby writes with regard to anatomy as a visualization practice: "The spatialisation of flesh that takes place in anatomy involves the destruction of this local entity [flesh] in favor of its trace—writing of the body as intelligible,

communicable terrain, and hence useful to medicine.”³⁴ Like maps, *Körperwelten*’s bodies are rendered readable.³⁵

Realism as a practice emerges as conventions are reinscribed. Ways of knowing and ways of representing merge and inform one another. Thus, for instance, the exhibition uses the convention of MRI slices—a familiar scientific visualization technique—to create real-body slices: “Plastinated organs, orthopedic cadavers, expanded corpses, and sliced body parts tell us that the anatomical body, which was already a mixed object of science and art, has also become a hybrid product of artistic models and modeled organisms.”³⁶ Historically, anatomists such as Frederick Ruysch (1658–1731) and others who found ways to stabilize the decaying body made their bodies readable by abstracting and coloring them in certain ways (conventionalized colors for muscles, nerves, veins, and so forth) in order to allow us to structure the messy flesh.

In all the specimens meeting my gaze that Monday morning, these conventions were followed: muscles were indeed red, but there was no blood or other liquid to cloud our gaze onto the clean, shiny surfaces. Other areas were color coded as well and there for didactic reasons: “Plastinated specimens far exceed the expressive power of untreated specimens, for example, when—thanks to dyed plastics—grey brain matter is more obviously distinguishable from the white matter than would be possible with an unplastinated brain.”³⁷ No mess is left behind by the various plastic injections; everything superfluous, including fluid, is drained, and the dry, odor-free nature of the exhibits is mentioned in most of the exhibition’s publicity. The body is presented as a quarry with different layers that can be opened to the gaze.

These topoi of crevices, caves, mining the body into order, and stratification are also at work in an ethnographic account of surgery by Stefan Hirschauer:

Dissection, which is the precision work of making objects visible, is at the same time classifying work. The flesh is dense and compact, stuck together and impenetrable. First, one has to identify something in a crevice opening up, in the depths of a wound or on a bloody surface. . . . in the case of microsurgery, this identifying work can take hours, in which whitish and reddish cords are identified as particular nerves and vessels and lifted out of their bloody surroundings by slings and numbered clamps.³⁸

Here, the dark land of the body becomes legible (and workable) through the classifying procedure. Von Hagens’s postdissection, orderly, re-presented corpse is radically different from the body Kristeva experiences and writes about, one that assaults the spectator’s own being:

A wound with blood and pus, or the sickly, acrid smell of sweat, of decay, does not signify death. In the presence of signified death—a flat encephalograph, for instance—I would understand, react, or accept. No, as in true theater, without

makeup or masks, refuse and corpses show me what I permanently thrust aside in order to live. These body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being.³⁹

Although the plastinates are corpses, two of the experiences Kristeva discusses are missing: there are no “blood and pus” or “body, fluids, shit” — nothing liquid, no smell: nothing that moves across the border of the visual and threatens with contagion and transgression. These corpses are within the realm of signified death: much safer than open, fluid, changing-in-time corpses. These plastinated specimens keep the distance alive. They are more like maps than like the self.

Different kinds of coding stand in different relation to transparency, to “what everybody knows,” to the conventions of knowledge generated out of medical visualization and popular knowledge. Thus, some mappings of body knowledge are more familiar than others, the more unfamiliar ones pointing more strongly to the act of visualization itself. Art historian James Elkins writes about a three-dimensional MRI image of a mummy’s head:

Bone, cartilage, muscle and blood vessels are not given the textures we might expect in a naturalistic depiction; instead, they are rough, heavy looking, and a little spiny, like the back of a desert toad. But the odd surfaces are definitely solid objects, and their difference from living tissues only brings real tissues firmly to mind.⁴⁰

These mechanics of recognition and difference are occluded in von Hagens’s presentation, which relies on a familiarity with anatomy practices and the conventions of medical display. Given the familiarity of *Gray’s Anatomy Atlas* and other widely available popular images of anatomized bodies, the plastinates do not seem to point to the materiality of their production, to the activity of making.

The attempt to make real bodies merge with the conventions of medical visualization practices differs from the (relative) unfamiliarity of the three-dimensional MRI image. In time, the three-dimensional scan might become as familiar as the color conventions of anatomical exhibits: then, the Brechtian *Verfremdungseffekt* (in English, making strange) at work in Elkins’s reading of the mummy’s head will have ceased, and its signification will have become transparent, conventionalized. Maybe at that time, when these representations have become “natural,” the reading practices Elkins employs here will no longer emerge in the gap between seeing and recognition: his reference to the desert toad sets off a string of associations around the issue of mummification, to geography, myth, and history.

In the most widely published image of the *Körperwelten* exhibition, captioned “Plasticised Exhibit,” a man holds above his head, in a triumphant manner, his own skin, which is folded over, defeated, deflated. The figure references its anatomical



Flayed Man, 2003. *Body Worlds* exhibit press photograph. Courtesy of Body Worlds.

and art historical background: the pose is very similar to one of the Spanish illustrations in Valverde's *Historia de la composicion del cuerpo humano* (1556), but with small differences. The deflated skin's face hangs downward rather than looking out toward the spectator; and the flayed man's chin is elevated, his gaze looking out somewhat higher than his Renaissance forerunner's. That is to say, the narrative of conqueror and hero is even more apparent in this heroic pose. But the echo of grand predecessors does not end there: Valverde's work itself has been suggested to "form a complex allusion to Michelangelo's ironic self-portrait in the écorché figure of St. Bartholomew in the Sistine chapel painting."⁴¹ A line of distinguished forefathers seems to form in this citational space.

The figure's clean, red, and whitish muscles give him a hard, superior look, more alive and energetic than the monocolored shroud he holds. This body shows no body fat; we are presented with clearly organized muscles, the six-pack we are used to seeing in a more exaggerated form outlined beneath the skin of body-builders. In most published images of this exhibit, the pole that helps to hold up the skin in the actual exhibition seems to have been erased from the picture. The exhibit seems caught in movement. Only one foot is firmly on the ground, one arm indicating a swing that references walking. Strength and success, not death, are suggested by the exhibit's stance and by the visual manipulation of the press material. Beneath the everyday skin, a realm of strange beauty glistens and beckons with fascinating shapes and textures. These bodies are sure and specific in their stance, strangely serene and classically beautiful in their anonymity and in their removal from everything that is a recognizable part of everyday life.⁴²

These maps of bodies cover the same physical space of the original corpse. But the status of here/not here is hard to determine. Does the plastic preserve the flesh, or is the flesh gone? Is it the perfect cellular structure that makes the human corpse or the biological matter that renews itself or disintegrates in specific time frames? These bodies are simulacra, they query the distinction between original and copy, query the notion of authenticity itself. The only traces of fluid, moving life are the lively throng of visitors streaming past the exhibits. The visitors to von Hagens's show are presented with a simulacrum on the threshold of perfection. Unlike the inhabitants of Borges's land, who discarded the map as useless, these visitors seem fascinated by the imperfect—materially different, sensorially alien—simulations. Like spectacles exhibited in anthropological museums that attempt to erase colonial violence by displaying captured peoples in the simulacra of "native jungles," the violence of the vision machine of anatomy is under erasure.

But the erasure is at work, in process, incomplete: it lets the palimpsest of time shine through. Just as the metal of the knee and hip replacements glint through the red and white plastics, showing that these bodies had a history, so these bodies show traces of their treatment. Knife cuts are visible, evidence of scraping where

matter has been removed from muscles and nerves. Was that matter fat? Was that the extraneous matter that never really presented itself to me, further alienating me from these bodies that tried to tell me that they were “like mine”? I am not the only one noticing more of one kind of body than of any other. Vincent Hanlon writes in the *Canadian Medical Association Journal*:

The viewer is left to work out for himself why one dancing specimen sports a fedora in the style of Michael Jackson, another holds up his skin in the right hand like a pair of coveralls, or why most of the corpses appear to be relatively younger males rather than older women (the unofficial answer is that fewer missing body parts and bigger muscles make for better definition of the plastinated tissues).⁴³

The specimen's environment is no longer the anatomy table, but poses and performances that echo a specific vision of life. Musing with his gallery-visiting companion on this theme, Hanlon continues: “Plastination raises a number of ethical, aesthetic and even anatomical questions that are difficult to answer. Martin wondered if the exhibition would have nearly the mass appeal if the tissue best preserved through plastination were fat, rather than vessels and muscle.”⁴⁴ These issues of what to preserve address themselves to me in other ways in the exhibition as well. As I pass by the exhibits, I note *The Chess Player*, a corpse sitting at a table, concentrating on a game of chess. He has no skin and no hair, and the top of his skull has been removed to expose his brain matter. The corpse's tableau performance of chess points to brains, but the intervening mechanisms that makes this witty play possible, the mechanisms of death, preservation, and mutilation, are naturalized, invisible on the physical trace in its “natural position.”

When viewing the chess player, I keep the practices of the dissection table firmly in mind, but the evidence set before me is clearly cleansed, disinfected—all marks of death, pain, decay, and dissolution carefully banished. Perhaps visitors are fascinated because the simulacrum is so imperfect, so distanced: it does not seem to have to do much with the one-day-to-be-dead bodies of the everyday visitor, nor with everyday poses. Instead—and notwithstanding the diseased organs we see as part of the show,⁴⁵ the glimpse of nicotine-stained lungs surrounded by reddish flesh, for example—the whole-body exhibits are much more beautiful, much more classical, much more sure than the masses wandering among them.

The exhibition context, the poses, the references to medicine as art all seem to want the corpses to feel very much at home in museums: they echo high-art conventions (heroes) and pursuits (chess) that are traditionally associated with the realm of high culture, itself associated with the culture of science and the museum. These aesthetic strategies are familiar from the anatomical canon. As Ludmilla Jordanova has shown of eighteenth-century wax models of women with serene, beautiful faces and opened bodies spilling forth viscera, aestheticization and realism

have gone hand in hand in the history of the discipline.⁴⁶ As I have already mentioned, the exhibition's creator styles himself as a kind of artist, a form of classical artist as craftsman, engaged in the holy pursuit of anatomy. He adds the aura of the artistic maverick to his persona as serious researcher.⁴⁷ In all public appearances, in the videos and DVDs accompanying the show, and even in a public dissection he performed in London for Channel 4 (November 2002, leading to a whole late-night series of televised autopsies in 2005), he wears a black fedora hat—a hat that links him to artist Joseph Beuys, who always wore a similar hat.⁴⁸

Time and history play parts in the exhibition as well. As in Borges's tale, these bodies and their presentation are anachronistic, are of a different time: the exhibition references the history of "official" anatomy and, at least unconsciously, the history of the freak show (jars of fetuses included). Historic paintings and drawings of famous anatomy scenes are not only reenacted in the arrangement of the exhibits but also reproduced on the walls of the exhibition. Von Hagens's public autopsy is



Audiences, 2003. Body Worlds exhibit press photograph. Courtesy of Body Worlds.

executed and filmed with Rembrandt's *The Anatomy Lesson of Dr. Nicholas Tulp* (1632) as justificatory background. (Rembrandt's painting is an iconic image of autopsy practice, and I will discuss another contemporary use of this image in chapter 7.)

For the 2001 Berlin station of the touring exhibition, three new exhibits were added, all very much conventions from the historical art/anatomical canon: a rider on a vaulting horse, a swimmer, and a discus thrower. Many exhibits present ideal, classical bodies, whose death echoes the *museal*, that death attributed to the dusty, dry, preserving function of the archive rather than the physical, messy death of living tissue. As Theodor Adorno points out:

The German word "museal" has unpleasant overtones. It describes objects to which the observer no longer has a vital relationship and which are in the process of dying. . . . Museum and mausoleum are connected by more than phonetic association. Museums are like family sepulchres of works of art.⁴⁹

Is it the loss of this vital relationship that allows the exhibitors to overcome the strong taboo against the exhibition of dead people? Maybe these exhibits are already too much like museum exhibits and too little like the visitor's own body to allow the vital relationship to be maintained.

Deborah Root moves on from Adorno's pronouncement to a cause of *museal* deadening: "Museums by their very nature have this [deadening] effect because they are designed to demonstrate systems of genealogy and lineage rather than individual pieces."⁵⁰ For *Körperwelten*, this desire not to show individuals in death, not to make an affective display, but to make a scientific, systematic statement about humanity, is at the forefront of its publicity machine. The exhibition does not foreground individual stories; instead we see corpses in generic poses. Family background, name, exact cause and time of death are subjugated to the structuring process of the scientific gaze, exposing muscles and flesh, not individuality.⁵¹ In turn, the density and the spectacle of the flesh itself obscure any structural factors that led to the death of these individuals; as a layperson, I cannot read these exhibits for medical histories. Race, class, and other social frames do not emerge as categories worthy of the medical gaze. This subjugation of the subject echoes wider debates on the validity of scientific explanations for intrusion, acquisition, and display.

Root, in an analogous discussion, describes her reaction encountering a Lakota ghost shirt displayed in the ethnographic section of a museum in Rome:

The museum . . . had encased the shirt in a Plexiglas cube and pinned it down with intense beams of light. This treatment reflects a trend in museum techniques of display: the "artifact" is decontextualised and treated as a pure form or aesthetic object, which is to say, as a European art piece. The shirt was old, and I could see sweat stains. It was so obviously somebody's shirt rather than an exquisite *objet d'art* created for anonymous spectators That this particular shirt was one used in ceremony, and moreover a ceremony that was bloody

suppressed (something else not talked about at the museum) made the entire process worse, legitimating and mystifying the seizure of the Lakota shirt in the name of science.⁵²

At stake here is the aestheticization and deindividualization of the Lakota shirt, the erasure of its context and the context of the capture. In *Körperwelten*, the argument can be constructed in a neat parallel: here, bodies as indices of living are entered into artistic and medical economies that erase individual life. *Körperwelten* creates visions of medicine that reference art historical topoi of the ideal human shape and its display and that align the medical project with the sanctification and validation traditionally bestowed by *museal* practice. The context of capture, death, and dissection are only obliquely present, as all representations of pain are excised and limbs are arranged in poses associated with (ideal) life, not death and the deathbed.

The tone of the exhibition echoes a heroism strangely at odds with many other contemporaneous scientific accounts in the popular realm that reference, if not stress, the unknowability, chaos, specific intervention, that is, the instability of life in postmodernity. *Körperwelten* might raise many questions, but its project is positioned within the realm of the Enlightenment rather than commerce, or the attitude that “anything goes in contemporary art,” or sensationalism. Von Hagens describes his project thus:

The democratisation of anatomy through the *Körperwelten* exhibition shows itself mainly through the fact that the lay person differs from the experts in their evaluation of the exhibition: the high numbers of visitors shows the need in the population to know more about the structure and function of one's own body.⁵³

But the authority of historical Enlightenment exhibits is missing or seems questionable; the “need to know” is refracted. These bodies are dead, their functions have ceased. The medical specifics I desired to know were not available to me, given that they were based on life and its functions, on affect, pain, emotion, narrative, and experience. This lack of context undermined the pedagogical function: since I do not conceive of human bodies as atomic singular entities but, rather, as parts of a complex social, cultural, and biological network, then to be presented with the body as a singularity did not coincide with my existing knowledge and was therefore of little gain for me. The audience reactions I read on that day in the visitor books also showed mixed emotions: some praised the educative value of the exhibit; others decried its disrespect for the dead; still others wrote of boredom.⁵⁴ In a post-Enlightenment world, authority is not easy to come by, and several voices found fault.

But beyond my particular response and these anecdotal writings of one day, the exhibition has engendered many arguments querying the basic premise of von

Hagens's statement: is it indeed thirst for knowledge that drives people in unprecedented numbers into the museums, or is it the search for spectacle, the thrill of horror, death, and gore? The latter explanation, and one that also explains an act—the freak show—that parallels von Hagens's, seems at work in the sideshow setup of the London exhibition. Coke machines line the passageway to the ticket booth, and rough wooden platforms echo cheap freak shows rather than high-tech medical environments.

Freak shows historically combined many different entertainment options. Many included anatomical exhibits, both “normate” bodies and “freakish” ones, the former often in the form of wax models, the latter often in jars of formaldehyde. Sideshow entertainments, acts by racialized others or by disabled people, stripteases, and early film screenings also shared in this history.

A range of exhibits in the London show related most directly to this other history of anatomy: for example, the fetuses with various congenital conditions and an isolated, uncontextualized spine taken from someone who lived with spina bifida. As this is one of the few exhibits connected with disability that gestures toward a whole body, it is clear to me that the viewer is not invited to gaze on him- or herself, to make a connection between the plastic flesh and the living, changing one behind his or her own skin.

Fully decontextualized, complete but not shown as part of a once-living being, the spina bifida-affected spine evokes nothing but sadness for me. I remember other members of disability culture: John Merrick, who was called The Elephant Man; Maria Tono, a scarred Brazilian woman exhibited in the early nineteenth century in London; and Stanley Berent, a U.S. performer whose stage name was Seal the Sealboy.⁵⁵ Disability scholars and artists are excavating the histories of these people and creating their own counterhegemonic history of silenced and invisibilized minorities present in popular culture only by reference to their deviance. In *Körperwelten*, the disabled body and the racialized body both remain the more or less invisible other, fully reconstructing the hierarchies of humanity available to earlier anatomists. The skeletal remains of a person with spina bifida provided the only reference to disabled lives actually lived: an object, with no flesh that points to its history of lived life, not even the lived life of a knee prosthesis.

Clothed in plastic flesh or displayed as skeletal remains behind glass, all corpse simulations in *Körperwelten* partake in a strange dance of death. They simultaneously hide and expose the mechanisms of visibility as well as the mechanisms of anatomy that render them exhibits. As I wandered alone among these dead people whose stories of life and flesh I longed to hear, I saw only attempts to disguise death's temporality, only the fact that life *and* death are processes that depend on change and transformation. Many media reactions to the exhibit report that those ready to enter a horror spectacle are quickly disappointed by the clean exhibits. The freak show is

part of the draw and part of the machine set up around it, but the spectacle is too sober for many people's taste. The drama here is not the drama of torture, suspense, and death's dissolution. What is put forward above the dirty wooden boards and beyond the Coke machines is, rather, the Enlightenment vision: the sanitized, suspended drama of humanity's achievement, signaled by stiff bodies that stand upright even when cut open, their organs glued into the right place; the pride in the perfect body (and in the perfectibility of scientific endeavor); the success of science.

Various mechanisms seem designed to reinsert into *Körperwelten* the risk of the horrific, the sublime of death's possibility and nearness—a clear audience draw. Foremost among these is a small station where visitors can buy and then fill out a certificate to donate her or his own body to be plastinated. A delicious frisson of personal death animates this little display. If life has become a little too abstract in the specimens, something that is grasped in its hygienic, clean, structured stage,⁵⁶ then to be addressed as a person who will die seems an exciting contrast.

Borges's map story relies on the pleasures of telling, of making a story, and of charting the history of knowledge projects *as a history*—a story of attempts, some ludicrous, some serious. Thus, the history of anatomy told as a story seems more engaging than the storyless *museal* displays.

And in the absence of the exhibit's life stories, I find my own. In between the various specimens, keeping them apart in the halls, are lush green plants, a small jungle. It thrives around the dead bodies. But in one corner, in the back of the main



Blood Rabbit, 2003. Body Worlds exhibit press photograph. Courtesy of Body Worlds.

exhibit hall, I found some other life sustained by the exhibits. In a glass container was the delicate, tiny, filigreed, and sculptured body of a rabbit, condensed to its blood vessels. Red strands wove themselves into the form of the rabbit, alert, sitting up. The exhibit was beautifully red, hanging suspended in the jar. I looked closer. At the edges of the exhibit, something small seemed to grow. A small fungus seemed to have found nourishment somewhere in the plastic. A grey, even more finely wrought cloud of even smaller strands lodged there and lived. I later queried an exhibit attendant, who was German like myself and happy to chat a bit about the moves from country to country. He confirmed that occasional cleanup was needed to keep the specimens in order. Like British artist Damien Hirst's big shark, which is by now tattered in its formaldehyde, von Hagens's specimens are not wholly insusceptible to the passage of time. Hirst might welcome a bit of decay infiltrating his composition, reminding his spectators of *vanitas* and citing the *memento mori* of baroque sensibilities, but I do not think that *Körperwelten* would welcome such intervention. Its brand of realist knowledge, predicated on clarity and vision, not emotionality and fantasy, seemed ready to disavow the small symbolic excess the fungus signified to me. Finally, I was emotionally engaged. I found myself in the fantasy of "guarding" that tiny little fungus. I did not point it out to the attendant.

DIABETES BALANCES: FANTASTIC JOURNEYS IN THE GALLERY

If *Körperwelten* uses the human body to abstract its everyday life, to construct a medical vision of wholeness, of the ability to see, to order, and to structure, other contemporaneous visual experiments located in galleries use medical concepts to undermine similarity, structure, and certainty. In these experiments, not clarity but opacity of representation becomes a generative principle: the undecidability of opacity, of unclear vision, can set up a desire to know, a journey toward that which isn't fully given to be known.

In 2000, Shimon Attie created *White Nights, Sugar Dreams*, a video installation that spoke to personal experiences of diabetes. Whereas *Körperwelten* does not focus on bodily difference, emphasizing instead the heroic, stripped-down, "general" body without personal history, framed within medical and art historical conventions, Attie's installation approaches bodies on a different trajectory, one that is firmly rooted in bodily difference and the passing of personal, bodily time. Attie's project, I want to argue, is based on a relationship between vision and knowledge that is different from what is presented in *Körperwelten*.

White Nights mimics and subverts the medical stare that ill and disabled people often experience vis-à-vis the visualization machines of modern medicine. These people regularly find themselves paraded before doctors, their difference made visible in a myriad of ways.⁵⁷ Attie, who is best known for his large-scale public

video/computer projections,⁵⁸ creates an intimate room where three video projections take up three walls and quiet voices speak to the visitor of images and feelings that emerge from living with diabetes. The videos do not show interviewees or talking heads; nor are other documentary conventions employed.⁵⁹ Instead, they present the viewer with an evolving and changing landscape. A red liquid changes texture and color as white crystals fall into it, building up into mountains, slowly dissolving in the liquid. A constant motion of transformation and change is made visible, and the strong, beautiful images allow the visitor to entertain new perspectives on a medical subject: the diabetic person's relationship to blood and sugar. An ornate, old-fashioned scale enters the stream of images, the only concrete link to the daily rituals explained on the taped interviews.

This installation was created in residence as part of the community-based art series Art ConText at the Rhode Island School of Design (RISD). Attie, who himself experiences diabetes, worked in collaboration with the Rochambeau branch of the Providence Library and students at RISD, creating hours of videotaped interviews in August 2000 with eight people who live with diabetes, speaking with them about their everyday experiences of the condition. Attie comments on his vision for the installation:



Shimon Attie, White Nights/Sugar Dreams, 2000. Courtesy of Jack Shainman Gallery, New York.

I don't know that this is a project about diabetes. Rather, it starts with diabetes and goes somewhere else with it. There have been millions of health videos or "living with the disease" medical-type journals. I wanted to create a work that would hopefully be a breath of fresh air. I wanted to take these two essential elements that all diabetics deal with every day—blood and sugar—and then use them as a kind of springboard for a phantasmagoric journey or exploration.⁶⁰

With this, *White Nights* opens itself to criticism: should it not educate (the main emphasis of von Hagens's exhibition), especially given the epidemiological issues of diabetes and their relative obscurity in the public eye? And together with this, should it not refrain from potentially romanticizing and aestheticizing a condition experienced by many as distressing? Both of these questions are valid, but they glide off from the project that *White Nights* seems to want to present. *White Nights*, *Sugar Dreams* deals with the fantasy component of physicality, with the associations, visualizations, and images that surround the experience of diabetes. We conceptualize the goings-on inside ourselves in images and stories, and the installation works by giving body to some of these fantasies, opening up new vistas on the dominant narratives of diabetes.

Jonathan Crary writes about contemporary visual practices:

Most of the historically important functions of the human eye are being supplanted by practices in which visual images no longer have any reference to an observer in a "real," optically perceived world. If these images can be said to refer to anything, it is to millions of bits of electronic mathematical data. Increasingly, visuality will be situated on a cybernetic and electromagnetic terrain where abstract visual and linguistic elements coincide and are consumed, circulated and exchanged globally.⁶¹

In *White Nights*, a playful conception of visuality comments on the phantasmatic and symbolic nature of contemporary medical vision. What offers itself up to sight is the visual retranslation of nonvisual explanatory schemes. Instead of claiming transparency and full explanatory force, these images glide through visual wordplay from metonymy (the red of blood) to metaphor (the scale). The sugar images of *White Nights* have no reference to a real, that is, to an observable moment in the optically perceived world. Instead, *White Nights* reimages the visual equivalents to the schematics and explanatory material provided by doctors and circulated within popular knowledges of bodily functioning. Its knowledge does not stand outside the medical frame but instead recirculates it, makes it part of a dialogue.

Issues of authority, of who can speak, show, and hold knowledge, are different in *White Nights* from how they are in *Körperwelten*. In *White Nights*, it is not researchers, anatomists, or even trained doctors who stand as the guarantors of "truth." *White Nights* is a community creation: multiple voices speak about their lives. The

final artwork is a traditional gallery work, authored by one artist, but the multiplicity of voices that attended its creation has left traces.⁶²

Attie says about this component of the work: “While diabetes is a part of my life, I’ve never met or known many diabetics except for relatives—my grandmother and my father—so it was also a way to meet other diabetics and to know their experiences.”⁶³ With this, a sense of sociality enters the scene: an acknowledgment of multiplicity and of different ways of living. A different sense of cause and effect, physicality and diagnosis, living-in-time emerges from this communal work: no one way of living with diabetes puts itself at center stage. This is not a new paradigm of what diabetes is, offering itself as an alternative to the monolithic ideas of pathology and tragedy. Instead, multiplicity undermines or at least destabilizes any one capturing image.

In her study of the clinical practices surrounding atherosclerosis, Annemarie Mol similarly discusses “the body multiple” by focusing on enactments of bodies, diseases, practices.⁶⁴ This perspective moves away from the disease as a localized, specific phenomenon held within one body and instead frames the interactions that occur between self and self, between patient and doctor, between doctors, and between people and machines. As an approach grounded in the ethnography of medicine, it aligns itself with “narrative medicine” and other contemporary approaches in medical practice that try to understand the construction of meaning in a performance between patients and doctors.⁶⁵ In these fields, the experience of having a disease (not just the pathology located in a particular, isolated area of the body) becomes part of the medical framework of diagnosis and treatment.

White Nights as an artistic intervention can be situated within this notion of disease as socially and culturally framed and performed. As spectators of *White Nights*, we witness the echoes of new stories and revisualized medical language, as people translate back into their lives some of the medical and folk explanations given them. Data create new data, as life circulates beyond the human body in signifying practices, in the cultural circuit that sustains ideas and images of life.

Disease and disability are often associated with a rupturing presence, a catastrophe (something that *Körperwelten* works with in its opposition of healthy tissue and diseased, cancerous body material in the smaller exhibits). Diabetes is a chronic condition that is not easily conceptualized as a foreign body attacking healthy tissue. Instead, in Attie’s work, diabetes becomes a journey, a balancing act, an unfolding in time. As chapter 6 will show, the body as a battlefield is a well-used topos of cancer and HIV/AIDS narratives: armies of white cells marching on the denaturalized enemy. This form of presenting data about illness can alienate the viewer from the lived reality of that illness. It can shroud the personal, social, and cultural impact of a medical condition, as well as the coping mechanisms of individuals who live with it.

In *White Nights*, the body is not physically present (other than in the embodied presence of the visitor, enclosed and addressed by the three screens that give a clear spatial experience). Instead, the body is metaphorically transposed into a landscape of elements: of elemental forces of water and solid mass, or meetings, dissolutions, accretions, and change. The choice of metaphor is different in the two exhibitions: *Körperwelten* presents the timeless bodily remnants, the dry structure, allowing for clarity. *White Nights* presents the flow of time and fluids, and moments of change. In each exhibition, different aspects of socially circulating bodily fantasies find expression.

The red and white moving images of *White Nights* connote landscapes, sand and sea, tides, and mountains. One reviewer captioned stills from the video installation as “Sweet Mountains” and “Cascading Sugar.”⁶⁶ Outside the cocoon of the video walls, as the spectator moves away from the exhibit, a wall holds large photos, frozen out of the flow of the video loop. These photos stand in interesting contrast to the videos. In the videos, the images are never stable, never frozen, never graspable: mountains are leveled, white crystals are suffused with and then dissolved in red liquid. At any given moment, we witness change and process. The human experience of embodiment is rendered as change itself.⁶⁷ The still images, the photos (including those accompanying the present chapter) can only echo this fluidity. Some of these images resonate with the kind of art photography that renders the



Shimon Attie, *White Nights/Sugar Dreams*, 2000. Courtesy of Jack Shainman Gallery, New York.

(often female) body as a landscape, as valleys and mountains created by the play of shadow and light on the sculptural human body. The video, though, dissolves this reference to the art historical canon of human body photography, as the images never fully leave their materiality behind: a crystalline substance falls or is absorbed into a watery substance.

In conjunction with the human voices on the sound track, the video installation indexes life as a process between solidity and liquidity, in exchange and alchemical reaction. Experiences such as that of diabetes are not figured as disruptive events, not as abstract, schematized scenarios of battle (in which the opponents are clear, and the desired outcome set), but as a mode of living as an open-ended journey, a specific, improvisatory attention to the materiality of biological process. There are no high or low points, no catastrophes—only ongoing movement.

I encountered *White Nights* not in the original exhibition at RISD, but as part of the Media/Metaphor exhibition held at the Corcoran Gallery of Art in Washington, D.C. (December 2000–March 2001). In this massive, neoclassicist environment, the differences between photos hung on walls and the immersive elements of installation art became particularly apparent to me as an embodied spectator. I was weary after moving around the wider exhibition, and the installation chairs provided a welcome rest. My journey through the museum stopped for a while. Different from the deadness of cataloged museum art or the contextless Lakota shirt discussed earlier, the voices speaking about everyday life with diabetes provided grounding outside of the museum. Even though little social context was given, sociality became part of my relationship to the work. Writing about the exhibit, I can no longer visualize the images of blood and sugar without feeling the traces of the physical exhaustion that affected me as I slowly moved from the experience of my own body to the visions and impressions of others' experiences and other bodies. The embodied immersion in the fantasized visual and aural experience of others challenges the *museal* eradication of Adorno's "vital relationship." In the cube of video projections, the viewing eye is never disembodied, surveyor without location. The eye is never in a fantastical outside from that which is surveyed: even my silhouette merges with the images surrounding me, as my own body is too thick for the light beams of the video projector to pass through.⁶⁸ While I am there, I am part of the exhibit.

As an installation, relatively small scale, dark, and with comfortable chairs, the projection is referenced as private, an "artistic translation," a subjective vision. At the same time, those elements of diabetes, blood and sugar, stem from medical explanations of the workings of the human body, reducing its social context and physical effects to clean, clear, easy images. The white crystals are highly refined, "cultured" sugar—the dominant image of sugar in Western civilization. Indeed, images of blood and sugar are not natural but are fantasies determined by our

cultural universe(s). Our fantasies of physical events are structured by and around the medical explanations that accompany our lives.

The medical performances of diabetes revolve around liquids and bodies: pricking oneself to measure blood sugar and the rituals involved in the injection of insulin—measuring liquids, drawing up injection syringes, stopping blood flow, and searching for entry points. These rituals are intimately bound up with the blood-versus-sugar explanations of diabetes and with the balancing images of something new continuously entering the system. Fantasies can use the vocabulary offered by medical visions to create revisions of body functions, life experiences, and ways of being in the world. In these fantasies, the movement of everyday life can work against the fixing stare or the observing gaze historically associated with modern medicine.

In *White Nights*, diabetes emerges as a way of life, not a tragedy that stunts growth and stops the flow of change. Diabetes is neither simulated nor encountered as a totalizing concept; instead, it is veiled through personal, often idiosyncratic vision and fantasy. *White Nights* surrounded its visitor with the signs of an imaginary journey where body tissue and fantastical landscapes meet. As in *Körperwelten*, the gaze glides off any real encounter with the (imagined) loci and happenings of life, the life of tissues and blood, but the nonencounter now happens in a shared fantastical space of rest and introspection. The spectator is not invited to think of these images and sounds as an authoritative map to someone's bodily experience, a simulacrum of diabetes. Instead, the act of visualizing landscapes, of imagining worlds inside the human body, becomes experiential.⁶⁹

OPACITY, TRANSLUCENCE, AND BODIES IN BETWEEN

This chapter opened with a discussion of the serious play of vision and the obscurity of vision relating to the material activity of signification: knowledges and visions are intertwined. Our bodies, when they become the object of signification, are also the thickness that holds the penetrating gaze at bay. In the two main exhibitions I discuss, different knowledge projects provide the background to two different ways of visualizing the human body and human life. *Körperwelten* emerges out of a long tradition of anatomy art, and like its predecessors, the exhibition excites visual curiosity, allowing many spectators a new and interesting relationship with scientific practices. Its generation of knowledge depends on visibility, the conventions of a scopic regime that classifies, demarcates, and orders bodily specificity into a readable body of work. The art historical poses and the spectacular displays of the anatomist's art provide a history and a context, lending authority and weight to the exhibit that at other times veers into other traditions, such as the freak show and the sensationalist spectacle.

The *White Nights, Sugar Dreams* exhibition, on the other hand, stands here as an example of a different but related knowledge project, a tradition that explores personal fantasy, representation of embodiment, and images in a less direct or sometimes oppositional relationship to the scientific, the objective, and the search for verification. In these visions and performances, conditions fixed and categorized by medical discourse are reimaged, allowing new and subjective articulations of embodiment to emerge.

In *White Nights*, this vision springs from personal experiences of disability and has been spun into its artistic web by interviews and living dialogues about life with diabetes. The result creates a phenomenology of fantasy as thickness, as opaque being rather than (fantasized) total vision. Viewing, and knowing, becomes experiential, as my own sensing body is available to me as the location of knowledge. Ritual, dream, visions of bodies, and cultural fantasies fed by medical discourse merge and allow a spectator to experience the distances between maps and bodies. The thickness of vision is acknowledged as a field, a fantastical space that allows play with the ambiguous signification of bodies.

These practices, however, may be seen as self-indulgent, as an aestheticization of experience that is only open to those who do not experience, but only fantasize about, diabetes or bodily difference. Like von Hagens's nameless corpses, Attie's collaborators are not actually named as such: in the end, only the professional artist's name remains legible, and, like von Hagens's donors' bodies, the voices become material for Attie's art. In both bodily fantasies—the one based on order and solid mass and the one based on fluidity, change, and immersion—bodily life is translated, abstracted, represented. The success of von Hagens's show and the affectivity of Attie's installation point to the machine that drives an audience's engagement with their and other bodies. Playing with and bridging the gap between bodies, between self and other, keep creative body art in motion. As my argument moves on, it will land at various sites in between these spaces of self and other—creating bridges, temporary platforms, nets, wefts, and stories.



2. Living Bodies

STAGING KNOWLEDGE, FANTASY,
AND TEMPORALITY



IN *THE BIRTH OF THE CLINIC: AN ARCHAEOLOGY OF MEDICAL PERCEPTION*, Michel Foucault opens his discussion of the medical gaze in the eighteenth century with two stunning pieces of medical writing. As a reader, I find myself transfixed and strangely physically touched by two fantasy scenes—fantastical in their relation to my body, with my twenty-first-century sensibilities and my lay knowledges of medical discourses, and fantastical in relation to these contemporaneous imaginations working on establishing links between difference and order. These two passages are haunting me long after reading Foucault's study. They crystallize important issues about the relationship between knowledge and fantasy, and about discourse and the (in)visibility of bodies. I want to study these two instances of medical imagination and relate them to practices of revealing and shrouding bodies for and from the medical gaze, and for and from the certainties of systems.

In the first medical writing, a doctor called Pomme treated a “hysteric” by giving her baths, ten to twelve hours long, each day for ten months. Pomme describes what he saw at the end of his treatment, after he cured the woman through his judicious use of cooling water:

Membranous tissues like pieces of damp parchment . . . peel away with some slight discomfort, and there were passed daily with the urine; the right ureter also peeled away and came out whole in the same way. . . . [The intestines] peeled off their internal tunics, which we saw emerge from the rectum. The oesophagus, the arterial trachea, and the tongue also peeled in due course; and the patient had rejected different pieces either vomiting or by expectoration.¹

This writing of 1769 leaves me breathless, torn between an identificatory movement toward tears and a wonder at the difference in time. There is cruelty *and* strange laughter, a poetics of a chrysalis body, a body as strata, as an accumulation of layers that can shed the hysteric excitement like an insect's carapace.²

Under the medical gaze, a body has turned into parchment, stuff to write with, to construct a new story of tissues. The medical cleansing is a rebirth, woman becomes an inverted snake shedding its skin in order to grow more fully human. The invisible domain of the mysterious body gives up its ghosts: the unknown shape is exorcised by the clean waters of cool reason.³ The watery realm also links this medical practice and observation back to other historical moments: in *Madness and Civilization*, Foucault analyzes the *Narrenschiff*, the ship of fools, and its linkage between the sea and madness.⁴ Foucault reads the relocation of mad people from public streets onto the waves of the sea and the rivers, with madmen loaded onto boats circulating between nation states and principalities, as a step in the shift of madness away from communal life and toward the institution.

The metaphors by which narratives of bodies and minds sustain themselves shift and change historically, giving rise to new amalgamations of knowledges. What was being seen there, after these baths? Who knows? Foucault doesn't want to make any claims either: "How can we be sure that an eighteenth-century doctor did not see what he saw?"⁵ How indeed? With our knowledge schema, our metaphors, our imaginations, have not our eyes themselves changed? It seems that what constitutes a fact shifts if the basis of knowledge itself shifts. More fruitfully than asking the (inevitable) question of what happened with that poor woman is the question that Foucault moves on to investigate: how does medicine spatialize and verbalize the pathological? How does the event seen by the doctor find its way into language, create meaning for the doctor and for the historical development of medicine? And how is that meaning-making process historically contingent, specific to its time, and densely unreadable or unimaginable to a reader today? Foucault points to the interpenetration of language and knowledge, power and reason, and to the creation of historical truths. Through a historical perspective, the contingency of medical discourse and its changing nature become apparent. Different practices, linked to different fantasies, rule the behavior and knowledge pool of medical practice.

In his preface, Foucault compares the water treatment to a passage written nearly fifty years later, in 1825, and somewhat more in tune, he argues, with our modern understanding of medicine's mission and place. The passage describes "the encephalic lesions of general paralysis for an era from which we have not yet emerged,"⁶ an era that bases its knowledge on visual evidence and the slow, meticulous medical gaze. Doctor Bayle describes the brain and membranes of his paralysis case in the following words:

Their outer surface, which is next to the arachnoidian layer of the dura mater, adheres to this layer . . . The false membranes are often transparent, especially when they are very thin; but usually they are white, grey, or red in colour, and occasionally, yellow, brown, or black. . . The thickness of these accidental productions varies greatly; sometimes they are so tenuous that they might be compared to a spider's web. . . The organization of the false membranes also display a great many differences: the thin ones are buffy, like the albuminous skins of eggs."⁷

Here, a brain is seen as a place of intricate membranes and multiple, observable but not easily explainable phenomena. The brain is like a jungle, complete with spiders and strange growths, and the scientist explores in this strange new world opening up under his gaze. The body is a fragile dark place, and the scientist is carefully probing, separating, peering, and prying in his postmortem observation. He is the seer, the one to whom the natural world is open, describable in colors and forms, not mysteriously hidden but fully accessible in all its symptoms and origins. Foucault reminds us that we might perceive the difference between the two passages as "total, because each of Bayle's words, with its qualitative precision, directs our gaze into a world of constant visibility, while Pomme, lacking any perceptual base, speaks to us in the language of fantasy."⁸

He asks his reader to question the moment of separation between Pomme's description and Bayle's "rational discourse," in which rationality becomes a fantasy of visibility, visual ordering, and classification. This historical understanding of medicine's and the human science's function found expression in other forms of seeing and measuring, including phrenology and anthropometrics. From the tension between the two accounts of paralysis, fixed in human membranes, emerges a different spider web, one that captures the medical project and holds it open to our gaze. In Foucault's exploration, medical science becomes an object and a practice rather than unchanging truth or straightforward journey.

In this chapter, the differing relationships between knowledge and visibility previously discussed appear once again in various medical performances: encounters between medical personnel with their gaze or stare,⁹ and artists destabilizing the scientific project by adding, withholding, repeating, or otherwise undermining the fantasies set up by dominant discourse. Modes of representation undermine truth and open up spaces for difference. In the examples I will examine, these spaces of difference find dimensional existence in temporal intervals. Von Hagens's and Attie's projects rethought the three-dimensionality of *space*—the space of individual bodies, and the space of encounters in installation settings. In this chapter, being in *time* is at stake: the historicity of medical knowledge projects intersects the personal histories and narratives of people who find themselves under scrutiny. As Foucault's description gains affective power by presenting material that is "out

of time” and yet focused on the duration of a woman’s torture, so contemporary art experiments have focused on the historically specific nature of certain medical knowledges.

Issues of visibility, performance, and knowledge are points of navigation for a range of artists working within the languages of the medical. In the examples discussed here, stable viewpoints on surveillance modes are questioned, and the spectator is put into a variety of positions of engagement and implication. Staging and theatricality impinge on all of these examples: truth, in its stabilized and authoritative form, is undermined through the mode of representation.

CONFOUNDING THE MEDICAL STARE: THE ANTI-MUSEUM OF ARTISTIC TEMPORALITY

Visual artist Douglas Gordon connects perception, knowledge, and difference in his artistic reflections on mental health and his exploration of temporality. In his visual practices, the evidentiary status of the visual is the ground for an interrogative engagement with knowledge formation and dissemination. He upsets time and knowledge: “Anyone willing to trust Gordon enough to let his work penetrate his or her consciousness is also inviting a series of potentially destabilizing shifts in perception.”¹⁰ I want to read two of his works as explorations into conceptions of time, and with this, into the sedimentation of knowledge that is associated with time’s certainty.¹¹ In the discussions of his art, and of Angela Ellsworth’s work on cancer that follows, I am interested in the knowledges and certainties that are associated with bodily fantasies about mental health problems and about cancer. What connects these practices with the bathing woman in Foucault’s example is the serious, scarring play with visuality, and the excavation of temporality as a factor in knowledge production. Both artists use nontraditional materials, working practices, and environments to create desires for different epistemologies, different ways of knowing, in a playful and revelatory engagement with visualization practices.

In order to see these issues of knowledge creation and unpredictability in a larger frame, it is useful to focus on the relationships between time and knowledges. The issue of how to conceptualize futurity without the predetermining structures of the past and present has become pressing to contemporary theory. Elizabeth Grosz reminds us that

Foucault . . . has devoted considerable attention to the ways in which supervising, regulating power needs to contain unpredictability, the eruption of the event, the emergence of singularities, and the consequent realignments of power. . . . Power functions to make the eruption of the event part of the fabric of the known.¹²

She sees power here as structuring potential new information into knowledge patterns that are already predetermined by the regulatory scheme, by the discourses that decree what can be known. In the following, I focus on the often uneven, unequal, teetering dialectic between disciplinary knowledges and artistic interventions. How can knowledges and their historicity come into play? How can the descriptive certainty associated with medical ways of knowing, so necessary for patients and doctors, be opened up in productive ways, ways that do not merely negate the medical? I am looking for these moments in order to excavate moments of unpredictability in knowledge structures.

To escape the known is a desire that is at the heart of all liberatory movement: “How can we engender a future that is different from the present? This is the radical project of feminism.”¹³ Feminists seek to escape the rigidity of gender binaries and the elaborate, overwhelming structures erected in their wake.

Structures of time and knowledge have specific meanings and create specific practices in mental health settings. Mental health is a contested terrain: on the one hand, mental normalcy is a problematic concept given the malleability and changing nature of human mental and emotional states. On the other hand, certain permutations of mentality are severely policed and bracketed off into deviancy. This deviancy (of schizophrenia, voice hearing, mania, or severe depression) is reinforced again and again in our popular culture, and the kinds of representation of people with mental health issues we find in news media, on TV, and in the cinema. The othering of mental states in popular culture is equally strong when the other is not seen as only or predominantly violent, but when the other acquires savant status in other ways (see, for instance, *A Beautiful Mind*, directed by Ron Howard, 2001).

Outside popular culture, in the everyday relations of people labeled with mental health diagnoses, historical time is an important issue: certain conditions are seen as deviant at certain times; certain treatment routines supersede others in the grand narrative of medical intervention. Hysteria is such a historically contingent condition,¹⁴ but it is also important to note, for instance, that it was only in relatively recent times that “homosexuality” was dropped from the Mental Health register, or that pharmacological interventions are replacing talking cures in contemporary psychiatric practice.

Oral history and its concepts of time keep alive a sense of knowledges as temporary, passing constructions, and their effects on people’s lives. Within the lore of people identifying as mental health system survivors, horror tales of the effect of superseded knowledge regimes are witnessed—for instance, the inhuman conditions of many hospitals and the horrendous effects of lobotomy. These traumatic memories can become starting points for communal narratives.¹⁵

Issues of the implication of the past on the future pertain also on a micro level, within the individual time frame of a person’s own history. Mental health is

notoriously temporal, often seasonal (for instance, the condition identified as Seasonal Affective Disorder, SAD), ebbing and flowing, a fact that is barely recognized by most treatment regimens, in particular drug regimens. Aggravating this relative inability of mental health interventionists to recognize time as a conditioning variable is the fact that if one has received a mental health diagnosis, it is very hard to free oneself from its implications later in time. Since the patient's narrative is one of the main sources of information a doctor has, once a patient is labeled with a condition, her utterances are not necessarily regarded with the same degree of openness as a nonlabeled patient might expect.¹⁶ One's past conditions the options of one's futurity. Narratives structure the possibilities of the future.

Down into the minutest, private spaces, these narratives of the past do indeed structure the present and future being of survivors: pharmacological interventions sometimes do not only address the symptomatology of mental health but also affect through often severe side effects survivors' bodies, and with them, their social position. Examples of this kind of lingering effect are the Thorazine shuffle, a form of movement caused by certain medications, or the weight gain often associated with medications such as Prozac. In order to intervene in these preemptive narratives, creating the vicious circle of diagnosis for survivors, we need to unanchor, at least temporarily, mental health from its dominant epistemologies and their expectations of stability and temporal order.

In order, in other words, to think change, I need to mobilize a desire to conceptualize a future of unknowable difference—not just a future of difference-from-now. Gilles Deleuze's thinking about time makes this "different" clear. In *Difference and Repetition*, Deleuze distinguishes the virtual from the possible. The possible is already fully formed but not yet realized. It is fully thought, its coming into being doesn't require a change of conditions, or a change of design. It is latent in the existing, predetermined in its structures and knowings. The virtual is not yet fully formed. It is a game plan of potential encounters:

The actualization of the virtual . . . always takes place by difference, divergence, and differentiation. Actualization breaks with resemblance as a process no less than it does with identity as a principle. . . . Difference and repetition in the virtual ground the movement of actualization, of differentiation as creation. They are thereby substituted for the identity and the resemblance of the possible, which inspires only a pseudo-movement, the false movement of realization understood as abstract limitation.¹⁷

Moving into futurity would mean to embrace the present not as a set of instructions that determine the future, but as frameworks of the game on which the future needs to build itself—play and creativity are necessary to move into the realm of the virtual. Concepts need to move into the zone of problems rather than definitions.

I want to think of the concept of the virtual and its actualization as an unfolding in time in relation to concepts of mental health, concepts that are also often formed through acts of sedimentation, habitus, negotiation, and teamwork. Trajectories of problematics rather than definitions are at the heart of the practices I wish to investigate: the artists I am investigating fantasize and create other imaginations in contrast to the (presumed) certainties of medical definitions.

Douglas Gordon's video work is one example that lends itself well to this form of analysis. Gordon is a Scottish artist who won the prestigious Turner Prize for Contemporary Art in Great Britain. In his installations, he juxtaposes different conceptions of time, memory, and presence. I am not claiming that Gordon is working in the name of mental health survivors who challenge the knowledge structures that determine and oppress their lives. But Gordon's work seems singularly focused on time passing, on altered states of perception, and on popular cultural representations, often centered on mental health.¹⁸ He also has discussed his own altered state/mental health experiences, including a blackout and fall in New York City that left him with a scar whose origin he says he can't remember.¹⁹

Psychoanalytical concepts of trauma, repetition compulsion, and the unconscious are topoi that appear in his work, concepts that are often linked to mental interventions into time's passing. Gordon's most famous *modus operandi* is stilling the image: slowing it down, halting the narratives, most notoriously in *24 Hour Psycho*, where he projects the 1960 film by Alfred Hitchcock over the span of twenty-four hours. These projects examine contradictions at the heart of popular cultural work—its ephemeral nature and yet its ability to create icons of stability in a swift-moving image world. Pop art meets the high-art gallery when Gordon introduces both duration and monumentalism, playing with art's supposed durability and permanency.

In one of the photos exhibited in Douglas Gordon's recent touring show, a tiny picture set into a large frame, he is standing by the side of a motorway, holding a cardboard sign saying "Psycho," hitching for a ride. This image opens up a range of issues in Gordon's oeuvre: an attention to the narrative competencies of his audiences, to preexisting texts and quotation, a concern with exteriority and interiority, labels and identity, doubling and splittings, and to the experience of different mental states in tension with psychoanalysis as a cultural discourse. Would you give a "Psycho" a ride? How exactly do you know what a psycho is? Does your memory present you with images of journeys and cars, motels and killings? Who is the author of your emotional response to the label *psycho*? How much are everyday competences personal, public, pop cultural, or reflective?

These issues are all activated in *24 Hour Psycho*. I saw this installation piece at the Vancouver Art Gallery in May 2002. Its effect on me was quite different from what I had assumed it would be. As a Turner Prize winner, Gordon and the themes

of his work had been widely discussed in the British popular press, and these accounts usually focused on his recycling of existing works. This set up an expectation of Warholesque playfulness and meaningful emptiness for me, but instead I found Gordon's work full and deeply engaged in the art of deconstructive storytelling.

A spectator enters the large, dark, cavernous space of a gallery room and is confronted with a large screen, hung obliquely to the entrance, requiring the spectator to walk around it and thus to acknowledge it as an object in space. Once positioned, the spectator can lose herself in the image: a slow, slightly jerky movement from frame to frame. I entered on a scene in which Norman Bates is cleaning the bathroom of the motel room after he has murdered the woman in the shower. In the minutes that I attended this, I saw a man's back around the looming shape of a toilet, and he was twisting and turning around on the screen, grabbing things, looking offscreen.

This minor scene of *Psycho* revealed itself as a strange ballet of action and motivation. Watching it, I was thinking about the instructions Hitchcock might have given to Anthony Perkins, on the rarity of toilet bowls in Hollywood cinema,



Douglas Gordon, 24 Hour Psycho, 1993. Courtesy of Lisson Gallery and the artist.

on the offscreen set that Perkins might have been seeing, on the reasons for the strange shuffle, lost in normal speed, that seemed to dance in front of me. I also thought of the location of that scene in relation to the shower scene: I was mentally matching my time of viewing with the time that I would have needed to be in front of the exhibit in order to watch this famous scene in the slowed-down time sequence. The classical narrative of *Psycho* as a film was broken and reconstituted, rebroken and played with in the specific attention I gave to the screen. My memory of the film's diegesis was at play in my reception, as well as my awareness of extra-textual features (such as the actor/director interaction) and intertextuality (with other Hollywood films).

Most striking, though, in relation to the issue of the portrayal of mental health is the aimlessness and excess that I seemed to see on the screen. *Psycho* is remarkable for its iconic portrayal of the obsessed, manic, murderous Norman Bates, and the masterful unfolding of his psychic landscape through the various devices of the film: the dead eyes of stuffed birds, the voyeuristic spying through bathroom holes, the menacing staircase, the frilliness of the maternal space. In *24 Hour Psycho*, the transparency of the narrative is held in abeyance through detail, transgression, the effects of the everyday on the tightness of authorial control. Instead of a linearity of progression and connection, cause and effect, tightness of textual universe, I found myself faced with an unknown *Psycho*, which surprised me with formerly invisible or unrecognized detail, detail that didn't fit or dovetail into the known narrative, but that pointed in various ways outside the frame. And beyond the detail, time and its potentiality for unfolding in nonlinear fashion offered itself to me. Instead of moving forward, driven by the desires of narrative, I found myself watching scenes unfolding like flowers, pointing backwards, forwards, sideways, holding the moment to allow me to explore its weight in itself, and its temporal-spatial location in a made, rather than a natural order.

Douglas Gordon's *24 Hour Psycho* became a form of psychic screen on which I was paying attention to my mental state, to my ordering and shuffling of memory, my acts of comparing mental notes with the image in front of me, my making conscious connections between different knowledges I hold, subconsciously, about the film and its cultural location. Most interestingly, instead of watching the possibility of *Psycho* unfold for me, I found myself in a process, a game of virtuality, where my own reactions surprised me as much as the slightly unrecognizable images did. Seeing myself implicated in this meaning-making process, I am reminded of de Certeau's comments on memory in interaction with the everyday: "Memory is a sort of anti-museum: it is not localizable. Fragments of it come out in legends. Objects and words also have hollow places in which a past sleeps, as in the everyday acts of walking, eating, going to bed, in which ancient revolutions slumber."²⁰ As a historian of the everyday, de Certeau likens the movement of myths and legends,

and the work of memory, to spatial practices of walking (or moving in the city). In both myths and memory, no fixed point becomes the aim of labor, but instead the objective of activity is the process of linking, of moving from one moment to the next, creating connections.

The story of *Psycho* in *24 Hour Psycho* acquires the status of a legend, a myth that interacts in complex ways with the encounter of private knowledges and actions. For me, *24 Hour Psycho* creates hollow places in the stilled story, breathing slowly as it breaks off its pursuit of narrational certainty. That hollowness is not the hollowness of loss or emptiness but is instead the launching pad of virtuality: of complexity and of process. This is the anti-museum: not clearly labeled paths along a trajectory predestined by the categorizations of the curator's knowledge simulacra but a virtual curiosity cabinet, a fragmented, provisional archive of potential links and new classifications.

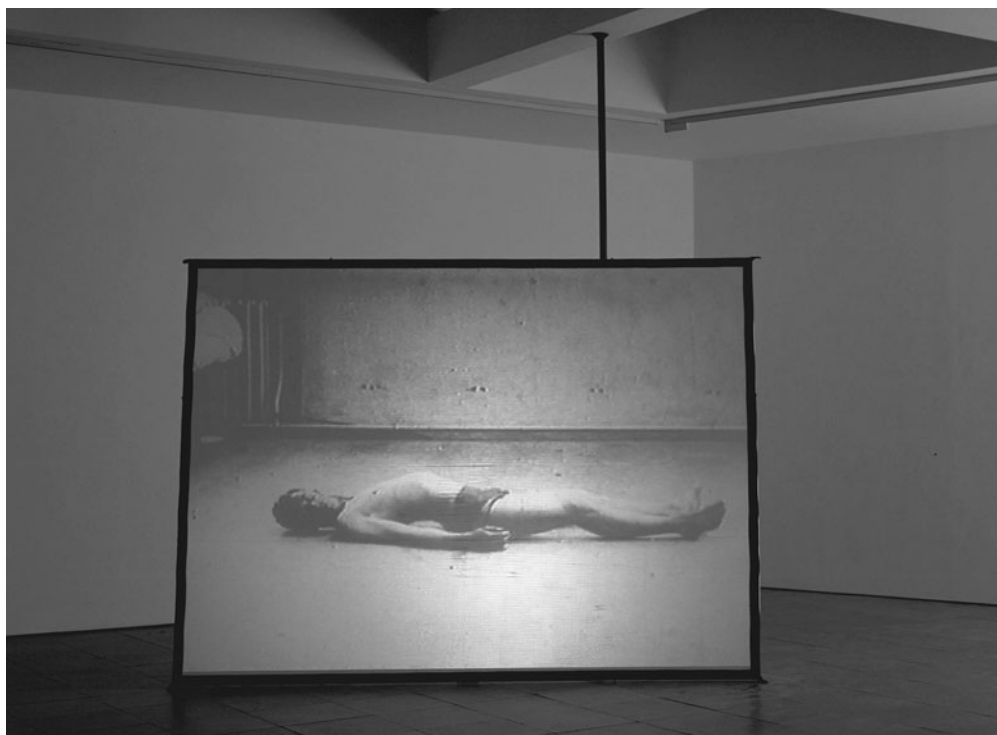
The effects of this stilling on epistemologies of mental health, here only indirectly referenced through popular culture, and the reflexivity of the title, *Psycho*, becomes even more clear in another work by Gordon, *10 ms-I* (1994). *10 ms-I* was the installation piece that most viscerally arrested my progress through the gallery and forced me to a halt. Much smaller than *24 Hour Psycho* with its overwhelming giant screen, *10 ms-I* presents itself on a more human scale. A projection surface is standing freely in space; in the Vancouver exhibition it was located just off a normal walking path, not in a room by itself. The casual standing of the screen is juxtaposed by what the spectator sees on it.

10 ms-I's projection shows medical footage of a man, relatively young, white, visually in good health, who gets off a bed.²¹ The bed has the sparse and clinical look of a hospital bed, and a second bed frame is just visible to the right of the screen. The man stands upright, only to teeter back and forth, and finally to fall onto the ground. For the next few minutes, the spectator watches this man's efforts to raise himself up to standing again. I witnessed him seesawing on the ground, trying to build up momentum, his stomach muscles straining. I saw him trying to get his hands and feet under him, pushing up. All attempts failed, and the film cut back from his lying on the floor to his getting up from his bed, only to repeat the process, like Sisyphus.

The projection seems temporally modulated, slowed down again, stilled, but experientially less so than in *24 Hour Psycho*. The slight alienation of time presents itself to me as a sign of a different, older technology, just like other old black-and-white films seem speeded up when seen with the frames-per-second ratio of contemporary film projectors. The signs of aging are upon the film: stains and rips distort the old image. The image is powerful: witnessing, voyeurism, the medical gaze, the wonders of the mind and the body, trauma, hysteria, war victims — the list of connotations set up by this relatively low-key exhibit is long.

I am retelling the story of seeing *10 ms-I* as *10 ms-I* is retelling in my mind the story of trauma, as trauma is retelling the story of history, as history is retelling the experiential moment that stands at the heart of film as epistemological carrier of so-called truth. This film bears the signs of the photo's historical fallacy—something happened, something took place. Its authenticity as historical document, emphasized in the staining and tearing, the materiality of its presentation, is heightened by its genre. This is not an artist's creation—it is a *medical* film. As a genre, the film is associated with the archive: the fixing of knowledge.²²

At the same time, this film points toward its status as nontruth. This is an art installation, and as the spectator I am (as often with Gordon) confused as to notions of authorship and originator, and the relationships between different spheres of visualization: popular culture, medical images, journalism, high art, the everyday. Emotionally, I am left out of the truth: I cannot read the man's face, his emotions, just as the medical person staring at this phenomenon isn't able to directly link symptom to cause, paralysis to brain lesion. Is he reducible to this experience of falling, to the heroism of attempts to stand? Is the history of his being, his person, reducible to the cause-and-effect machinery? What alternative sedimentations, walks, and stories shape this man, who withholds so much and makes me question the efficacy of the film image as guarantor of "truth," of "something happened"?



Douglas Gordon, *10 ms-I*, 1994. Courtesy of Lisson Gallery and the artist.

Gordon writes about his work: “I like to construct self-destructive systems, or mechanisms, which can only lead towards a multiplicity of meanings, a series of contradictory interpretations. I like a conspiracy of circumstances that can help construct a meaning for a work, or that can turn against it any moment.”²³

In this installation, the machine of meanings cycles and halts my step. But the hollowness at the heart of my watching *10 ms-1* is not the emptiness of loss, lack, and erasure but, rather, de Certeau’s hollow place full with memories, crowded densely with images of my childhood bedroom, doctor’s visits, readings of trauma stories. The past, my past as well as this man’s past, precariously stretched out in front of me, and the past of Gordon’s presentation, his interventions into the regimes of temporality and genre, meet up as I stand witness.

In both of these video installations, the locatedness of these documents in the archives of knowledge is questioned, as they are wrenched out of their natural locations and into the area of installation art. This dislocation disrupts the natural order of classical psychoanalytic narrative, and of the sequence of cause and effect, traumatic event, paralysis and repetition compulsion. The virtual inserts itself into the realm of the real and the possible (but catches itself every time I formulate my thoughts into this writing). Foucault’s woman in the bath both distressed and astonished me, opened up a theater of cruelty—of life living intensely in my writerly attention. In the same way, Gordon’s work opens a space of meditation, forcing me to examine my own processes of making meaning, meditating on the connection between the radically open, and my thoughts so deeply implicated in culture’s layerings.

I locate the radical project for unknowable futures in these moments where the conditions of my knowledge as a part of a past become visible—part of personal pasts, social pasts, cultural knowledges. It is in these moments of visibility that a desire for difference, a change into futurity, can press on and mutate sensibilities.

HEMADERBY: THE PUBLIC DANCE OF CANCER

Of all the theories put forward in connection with cancer, only one has in my opinion survived the passage of time, namely, that cancer leads through definite stages to death. I mean by that that what is not fatal is not cancer.

—GEORGE GRODDECK, *The Book of the It*²⁴

In her own account of illness and metaphor, Susan Sontag quotes this chilling passage by George Groddeck. It names the deep connection between time, cancer, and death that is still at the metaphoric heart of the disease—and it is this heart, this nexus of meanings, that rethinkings of cancer as experience need to struggle against.

This sense of urgency, of a vital need to subvert certainties of medical knowledge, is the moving desire of a different art intervention. In 1998, performance artist Angela Ellsworth set up a performance project in a roller-skating rink in Phoenix, Arizona, using sixteen members of the wider Phoenix community, disco lights, and skates to create a public spectacle related to her experiences of cancer. As in Gordon's work, temporality and modes of knowledge are at the heart of this project as well. Five years earlier, Ellsworth had been diagnosed with Hodgkin's disease, a form of lymphoma, which is cancer that occurs in the body's lymphatic system. Cancer is an embodied state located within deep and rich cultural narratives, narratives that create forms of certainty and knowledge in the face of an uncertain personal future.²⁵ In a two-day, twelve-hour roller-skating derby, *Hemaderby* performed a version of the battle with bodily disruption as a battle of different epistemologies, a version that I want to link to the opening into the not-yet-known, into a different form of knowledge in a complex relation to medical conceptualizations of the body.

The roller-skating rink, decked out in silver, became the dispersed body, the unit within which continuous action took place. In the rink, skaters sporting mirrored helmets enacted white and red blood cells: as they passed under red lights,



Angela Ellsworth, Hemaderby, Icehouse, Phoenix, Arizona, 1998. Photograph by Sherrie Buzby/The Arizona Republic.

their mirrors, reminiscent of disco balls, threw red moving reflections onto the walls—they created new red blood platelets. Among these skaters, moving continuously in the rink, were two bacteria skaters clad in green with nonreflective sequined helmets, who moved against the flow and precariously close to spectators as well, their movements mirroring their disruptive potential. And in this mass of moving bodies was Ellsworth herself, hung from the ceiling of the rink in a head-traction device, a medical instrument.

She wore a voluminous, mirrored dress and skates. Her performance action moved from winding herself up into the dress, causing the mirrors stitched onto her silver dress to “throw organic cell formations on the wall.”²⁶ A wireless microphone was monitoring her breathing, amplifying it for the audience. Ellsworth’s breath merged with the “plasma sound track” that created an organic frame for the action. When Ellsworth was fully wound up, her skates barely touching the floor, she released the tension, her dress whirling a stream of light around the space. She buckled out of her dress and joined the flow of skaters, working herself into a state of high energy, and communicated to the audience not only through the kinesthesia of her moving body but also through the sounds of her breathing. At her peak, she returned to the dress and to the calm, winding motion.

The action of the durational performance changed: sometimes fewer skaters were around, so that new constellations of energy, flow, and ebb presented themselves to the spectator. With *Hemaderby*, Ellsworth creates a theater of medical



Angela Ellsworth, Hemaderby, Icehouse, Phoenix, Arizona, 1998. Photograph by Black/Jacobs.

knowledge that is both public and private, and that points to the intersections of different knowledges surrounding embodiment. The actions of the performance create a mimetic representation of white cells, lymph nodes (Ellsworth in her dress), red cells, and intruders. As part of the performance setting, Ellsworth used untrained and unrehearsed volunteers, with whom she discussed the concept:

Rather than rehearsals, we had casual conversations around what the piece was about, what particular parts referred to, and above all, why I wanted to make white blood cells. I discussed the internal workings of the body and the changes that occur when the body goes through cancer treatments. Most people seemed to have first hand experience or know someone with a similar story. This performance provided an opportunity for other bodies to engage in the conversation and discover their own interpretations as they moved *in* the blood system.²⁷

Different knowledges are activated in this search for a representation of cancer, and different performative actions are engaged in. The knowledge base that provides the framing for the performance is medical knowledge in its dispersal as “common sense,” and the medical representation of the body as a dispersed field of action, with different individualized actors engaged in a hand-to-hand battle (green and white cells), and an exhausted war machine creating new soldiers (the lymph node and its mirror creations).

Within the medical image of a body as battlefield, emotions, imagination, and desires play little part: this is a movement of parts in a field of action. The cartoonish stylization, and the register of the disco balls, already subverts the certainty of this model. This is medical knowledge in drag, enacted in camp’s dual address—for real and for show. Popular culture, and its stylizations of other areas of knowledge, is referenced, including popular films about voyagers inside the human body such as *Fantastic Voyage* (directed by Richard Fleischer, 1966) and *Inner Space* (directed by Joe Dante, 1987).²⁸ Ellsworth’s performance ironically reenacts this atomized, dispersed image of the body as bits and reintegrates the personal history of her body back into a community, and into her own imaginary, her own specifically aligned fantasy world with its own reality and dynamics.

The communal knowledge that is activated and recirculated in the performance and its preceding talks stands in an interesting relation to medical knowledge, as it is conventionally represented in diagrams and animations: from the abstracted insides of a private body, cancer becomes a life reality in the social body, a story that is told and shared. Alignments between medical stories and personal experiences are found as Ellsworth and her collaborators share their firsthand and secondhand tales. This communal life blood metaphor works as a strategic other to the isolating scene in which most medical knowledge about one’s own body is received and discussed, but it also activates romantic and powerful notions of belonging and

community. In the face of changing demographics and ways of living, the meaning of *community* has changed in a media-saturated and connected world: “[The transnational public sphere] has enabled the creation of forms of solidarity and identity that do not rest on an appropriation of space where contiguity and face-to-face contact are paramount.”²⁹ In particular, health- or illness-based support communities are often nonlocational, Internet driven.

Lisa Cartwright shows how this dispersed, issue-based community formation functions for breast cancer media activism, and she questions dominant breast cancer icons such as Matuschka, an ex-fashion model and art photographer representing images of one-breasted women, for creating only certain kinds of white, professional, and middle-class visibilities: “Breast cancer, in this formulation, is a disease with its own class aesthetic, culture and constituency.”³⁰ Performance stands in a different relation to (in)visibilities: the living body doesn’t (as easily) give up its specific character, doesn’t as easily become “a cancer body” as media representations do.

Ellsworth’s evocation of communal strength is not only contingent on illness narratives. The people she invited were friends and acquaintances—part of her network of support, necessary for life as an out lesbian artist living in Phoenix. Thus, the illness narratives that were spun were part of a wider fabric of social connection—both local and dispersed—and cemented in a range of different marginalized identity projects. This evocation of her political and personal allies refuses a life writing that equates Ellsworth’s history with the popular medical stories of self-help advocates that have aligned cancer with suppression and isolation. These approaches argue for a specific, lonely, bottled-up “cancer personality type.”³¹ Jackie Stacey critiques these approaches as she studies the assumptions and explanatory schemes for cancer presented by alternative medicine.³² She reminds us that “what is intolerable to both modern science and to self-help philosophies is mystery. The unexpected recovery must be explained by the doctors, the rapid deterioration of the patient psychologised by the self-health therapist. The only narrative space for mystery is as an object to be known.”³³ Marginalization, repression, silence—as the space of mystery demands to be filled, these social and psychological actions and positions become the explanatory frames for cancer causation: “Secrets cause cancer.”³⁴ Ellsworth’s performance refuses to accept the metaphorical burden placed on difference. Her evocation of her past and future network shows that her potentially socially marginalized status as an artist, a lesbian, a professional woman in our society does not mean that her life isn’t rich, open, and part of a life world. Pointing to stereotypical psychological narratives of difference cannot solve the living mystery of the history and story of Ellsworth’s body. The story refuses to be captured, to be contained in one body and one history, and it refuses to lie down.

If the work of storying is the frame of the production, in the aesthetics of *Hemaderby*, Ellsworth’s performance also doesn’t rely on an easy, identificatory ideal

of community. Instead, difference drives her work. The body politics of *Hemaderby* are a body politic of dispersal and becoming. The different cells of the skaters are not identical: there is no sense of a mass of people doing the same thing, whether chanting or spectating. Instead, participation in Ellsworth's ritual means accepting a moving position of singularity in context with other singularities, working together. Iris Marion Young critiques community ideals when they become a desire for social wholeness and identification—a form of politics that relies on sameness, that in turn erect exclusionary zones and borders.³⁵ She pushes for a politics of difference, but, as Miwon Kwon points out, this different vision of living beyond the (seemingly) stable categories of self and other remains unclear.³⁶ Jean Luc Nancy provides theoretical tools to think community beyond self/other relations: "Community is what takes place always through others and for others. It is not the space for the *egos*—subjects and substances that are at bottom immortal—but of the *I's* who are always *others* (or else are nothing)."³⁷

To me, Nancy's account of community speaks of continuous flows—of desire, of responsibility, of meanings. These *I's* who are others—selves constantly at work on their identity, constantly in negotiation—are provisional, temporal. Life flows: no point of standstill, definition, or grounding of identity in ontology is possible in this conception of improvisational community.

And so, in Ellsworth's performance, different phenomenological knowledges emerge in the experience of the performance community: life as a kinesthetic energetic flow becomes visible not just in metaphor (the cancer cells), but in sensory immediacy through the live breath, the speed of skaters whizzing past spectators, and the collision-course green skaters creating forms of tension within the area of the rink. Cancer knowledge takes on a metonymic character, as embodied knowledge (the activity of people, the effects of gravity, speed, and so forth, on their bodies) and abstracted knowledge (the clear images of bad and good cells) merge and mix.

The medical scenario of drugs and chemotherapy is present, but its immediacy recedes against a more ritualistic, even shamanistic form of sympathetic magic. A metonymical magic, a performative public action, dissolves certainties of knowledge patterns, overlays different sedimentations of knowledges in new alignments. Cause and effect are doubled, as the action on the skates is clearly more than just a game for Ellsworth and instead becomes a mode of intervention not only in representational practices, but also and at the same time into the materiality of her body: "By performing my illness I am an active participant in resisting preconceived notions of cancer, with the hope that I am staving it off."³⁸

Ellsworth's action virtualizes the narratives of cancer, as it points to the interpenetration of language and physicality. The virtual as the not-yet-there, a radical potentiality, can enter and consume these cancer narratives: the chance element of a performance meeting of people driven by different agendas, working within

different skill levels and modes of attention, is different from the numerical chance element of survival rates and statistics. The outcome is unclear, and not projected as a mortality table.³⁹ This is also not, however, a healing ritual where one person's well-being is re-created. The dispersal of activity and agency and the invitation to chance happenings point to a less objective-driven framework, one whose wider object is the opening up of knowledges, not (only) individual survival. Medical time's statistical certainty, which manages to incorporate individual difference into the larger picture, is countered by the condensation of experience, a ritual of intensity, which activates a different time.

Medical practitioners are not bound to any one model of illness and disability, and artistic innovation sometimes pushes not only the edges of the known, but, in a Foucauldian move, also the edges of what medicine as a discipline believes to be knowable.⁴⁰ Dance medicine has provided a fertile ground for the meeting of medical knowledge and performance's brand of knowledge creation. Movement analyst Hubert Godard, who worked at a cancer research center for seven years, was asked by Laurence Louppe about the medical discourse's "denying the imaginary within [the body]".⁴¹ Godard answered:

Not all the medical milieu reacts in this way. . . . The point of view, the doctor's gaze towards the other, is often limited by his/her own functional organization; therefore our starting point was to analyse the organization connected with each doctor during movement sessions and in the therapeutic act. Having undergone an ablation of the minor pectoral,⁴² and after classical rehabilitation, according to conventional tests a patient will recover their strength and full articulation. However, a very detailed movement analysis allows us to notice a qualitative modification in the way the body is managed. What was surprising was to discover subsequently that in general this impairment was already present before surgical intervention. What produces this instability in the "body image": the illness working on the corporeal structure, or the fact of knowing oneself to be ill? What do we know of the relation between immune system and body image? With questions like this, bio-mechanical knowledge sheds little light on what moves/is moving. In actual fact, it's the fault, this gap in knowledge of bodily organization that contemporary dance incessantly opened up: not a search of a model, but of a profoundly original gesture, breaking with the previous cognitive order and semantics.⁴³

Godard opens up the space of the "body image," the imaginary of the body working on tissues, muscles, integrating material and imaginary in a way that undermines conventional readings of cause and effect.⁴⁴

Just as forms of contemporary dance cite skin or organs as origins of movement,⁴⁵ Ellsworth's performance creates a new knowledge machine for the energies and directionality of intervention. This theater of the body is not figured as more authentic than the knowledge of statistics and measurement, but its presence

disrupts certainties, multiplying options. Ellsworth attempts to destabilize the truth of the medical discipline by opening up its categories of knowledge. Within Ellsworth's scene, the event does disrupt the certainties of temporal framings, interior/exterior certainties, and the boundaries of public and private in the sedimentation of knowledge. Ellsworth's performative action disperses her cancer, set at the meeting of private body and the institution, into the space of a public building and the actions of a multitude. She also places it within her own magical ability to imagine. With this creation of openings, Ellsworth wills a new known, a new alignment of body truths that becomes the goal of her trajectory. Her life is at stake. Her body drives the mechanics of knowledge creation.

I began this chapter with an analysis of historical perspectives on medical certainties, made fictional, upsetting, and abstruse when placed in a contemporary setting. Remembering these medical histories and the malleability of certainty is an important aspect of work that wants to create alternatives. The findings of Foucault's archaeological dig into knowledges about women's bodies threaten to undermine rational narratives of progression from "primitive" to "advanced" medical science. In the visibility machines of Gordon's medical footage, science as a performance, as an adventure, and as a playground becomes visible on the horizon. In the diagnoses discussed earlier, the playground is the body of the other: power differentials become suddenly visible as we are confronted with our certainty's macabre history. In the shadow of Foucault's writing, and in the grainy images out of medical archives, suffering emerges for the wandering reader, for the gallery visitor as flâneur. The woman in the bathtub, and the man in this stark empty room—their experience, impossible to know, looms over and beyond the medical narratives that try to contain them. It is this partial opening, this momentary indecision, that destabilizes the medical as governing discourse. In these plays of light and dark, what can there be but hesitation, meditation, a halted step? What (impossible) alternatives to "structured treatment" emerge as the veil is lifted, momentarily, from the effects of medical treatment? In the presence of wonder at how people thought (about others), what people did (to others), the alienness of affects and effects impossible to know, progress loses its path in its forward march and is thrown for a loop. Ellsworth's performance work creates a desire machine for different visions of the cause-and-effect framing, fantasies and certainties of cancer in its representations in pop culture and medical evidence. Maybe a new future can become the horizon of desire, not in the negativity of an invalidation of the existing, but in the virtual positivity of a richness that holds itself open in the fantastical spaces of art.



3. The Collaborative Arts

PAIN AND PERFORMANCE



FROM THE INVESTIGATION OF SCIENTIFIC THEATERS of contingent certainty, played out on performing bodies in mental hospitals, medical baths, through the slowness of film, and in the dance of cancer, I will now turn to a different confounding of vision in the realm of the medical. This chapter will investigate pain and performance and will revisit many of the arguments that have woven themselves densely around the location of pain in art. The material is prodigious: pain and art have been fellow travelers for a long time. Pain is at the heart of the Hellenistic Laocöon sculpture, whose twisted limbs and face engrave the god's wrath on the human figure (and which spurred Lessing and Winckelmann to begin an art historical dialogue),¹ and it is at stake in the many depictions of Christ on the cross in art and film (which gave rise to theological debates about the proper nature of Christ's body, and art's place within the church).

Critical discourse and ordering seem to spring forth from artwork that is fascinated with the bodily nature of pain: language, beauty, order, and body meet in a chiasmic embrace at these sites of citation. From medieval images of the damned burning in hell to the genre of war paintings: human bodies in pain have been favorite subjects of painters and photographers interested in human anatomy or spiritual struggle. Pain is expressive: its bodily vocabulary can be huge and anatomically exciting, presenting the body in extremis. Pain arouses passions and moves spectators into experiences threatening the containment of the subject (as Plato knew in *The Republic* and Edmund Burke in his survey of the sublime). The expression of pain is also full of communicative power, and the body artists of the 1960s and 1970s knew how to use the elicitation of pain and the evocation of masochism

for specific aims, exposing in an embodied metaphor the hurt of the body politic. The Vienna Actionists and artists such as Chris Burden, Vito Acconci, Gina Pane, and Marina Abramovic with Ulay shared these sensibilities. But this chapter doesn't trace the representation of pain and its many intricate and creative conventions in art history.² Instead, I will focus on the other side of pain's ubiquity in art: its incommunicability, the opacity at the heart of pain that somehow escapes communication and meaning, and that repeatedly excites both discourse and practice. Pain here provides traction for bodily fantasies: the focal point of creative labor, attempting to make meaning out of bodily/sensory experience. Jane Blocker, for example, builds her argument on the problematic politics of body art by pointing to the split that lies at the heart of language/identity/soma: "So when I use the term body here I am referring, in the most basic sense, to that condition of not knowing, which results in the conflict between what we undeniably are and yet remain distanced from. The body lies on contested ground at the limits of knowledge itself."³

In Blocker's reading of the historical arguments surrounding performance art, these fields of desire and knowledge flow into another around the issue of gender. Taking her cue from Rebecca Schneider, who investigates the positioning of women's bodies as the emblematic female body at the center of impossibility, as that which cannot be attained, Blocker finds the melancholic project of body art in its inability to attain its desired object: "The body artist pines for the body (the feminine, the not-I) endlessly in what Barthes describes as a 'lover's discourse,' but since there is pleasure in longing, since the theatre cannot become real, there is no relief, no solution."⁴ My own project puts a different value on the endless storying, visualization, and performance that surrounds "bodying"—not (just) as a melancholic task that seeks to abstract the individual into a general, pure body. It's the suspicion of this general body that drives Blocker's reading. She cites Judith Butler's position on an a priori body: on the signifying act that "delimits and contours the body that it then claims to find prior to all and any signification."⁵ Blocker writes: "It is this body that I will call the *hoped-for*. I use the term because, in a sense, hope is the work of theatre; it is there that we use the body to stage and concretize ideological chimeras."⁶

As the previous chapters have shown, contemporary body art projects don't necessarily link themselves back to an a priori or natural body that can be excavated under the debris of gender, race, or ability ideology. Bodies as sites, bodies in time, and bodies as communication principles shape my readings of Attie's installation, Douglas's play with madness, or Ellsworth's rituals. My argument is interested in the maneuvers executed to subvert or play with the deeply powerful "ideological chimeras" that underlie senses of self. Agency and power are important frames for discussing these clashing knowledge projects that are ambivalently engaged in shoring up certain body knowledges against others, fracturing the ideological field

not through absolute difference, but through the accretion of slight differences, openings, and games.

Pain relates to politics, and it opens up a contested realm of the relationship between individual bodily envelopes and political group projects. As Wendy Brown has influentially argued, a fetishization of the wound has become a commonplace in subaltern politics, leading to an overinvestment that bars action and forecloses reimaginings of a futurity beyond the hurt.⁷ In this discussion, the wound as fixity, negativity, and identificatory object becomes unmoored: I argue that pain experiences, and the transgression of physical or psychical envelopes, can become invested with other forms of meaning, other forms of (political) signification. The pain experiences I examine are not undergone voluntarily; they are not limited procedures that play with painful body manipulation in a scenario where the ultimate control (the s/m stop command) is always within reach. In the pain practices I discuss in this chapter as well as in chapters 5 and 7, pain-related somatic difference plays with the trajectory of agency that creates artful interventions into bodies, muddying any reading that attempts to hold literal and figurative pain apart.

Sara Ahmed points out that a rethinking of woundedness and subalterity needs to hold on to the bodily site of injury, and to the historical, wounding investment in bodies, which in turn produce inequalities at the level of representation and access.⁸ I agree with her claim, and yet I wish to point to the generative nature of the encounter between wounded body and social identity, an encounter that discomforts and that can open up generative potential precisely because pain is both common *and* specific, normal *and* inarticulable. I figure the wound as scar: as the knitting together of life and disruption, as not only a spatial site but also a temporal journey that highlights survival.

Elaine Scarry's account of pain is still an exciting touchstone for contemporary interpretations: her progression-orientated and monolithic stance is problematic, but she allows for glimpses of the positive, generative power of pain. She sees the issue of pain's speechlessness bound up with its specific objectless nature: different from hunger, desire, fear, which all have something that they long for, "pain is not 'of' or 'for' anything—it is itself alone. This objectlessness, the complete absence of referential content, almost prevents it from being rendered in language: objectless, it cannot easily be objectified in any form, material or verbal."⁹ And it is this objectlessness, this problem at the empty heart of representation, of focusing pain in language, that excites the imagination and demands the work of signification, the "dense sea of artefacts and symbols that we make and move about in."¹⁰

Scarry continues to point to pain as that which makes us supplement the world: to create new material in it. Pain flees outward toward imagination, from the dense matter of bodies to perception itself, presumably disembodied, floating outward. But, in contrast, Drew Leder reminds us that pain is one of the conditions

that brings our fleshly character to the forefront of our experience; most of the time, our embodiedness is so much background noise. For Scarry, “pain and imagination are the ‘framing events’ within whose boundaries all other perceptual, somatic and emotional events occur.”¹¹

In an extension of this argument, she describes how perception of the body perceiving relates to pain. She sketches out a field between “transformation and disembodiment” and “embodiedness/body experience” in a discussion of a woman working in the fields (in reference to a biblical scene):

Although vision and hearing ordinarily reside close to objectification, if one experiences one’s eyes or ears themselves—if the woman working looks up at the sun too suddenly and her eyes fill with blinding light—then vision falls back to the neighborhood of pain. Or if the objects in the external field—the grain, the figures of other workers, the trees off to the side—begin one year to appear distorted or blurred to her (that is, if the objects begin to become lost to her), she will cease to experience vision only as objectified interior content and will begin to become more self-conscious of the event of “seeing” itself: she no longer experiences the images of grain, persons, and trees without also experiencing her own body in the mode of aversiveness and deprivation (a deprivation that in its most extreme form is physical pain).¹²

In this discussion of the phenomenology of pain, determinants of gender, class, and age impact on bodies. Bodies are in flux and embedded in social systems that create the framing for both pain and imagination. Scarry’s discussion of pain and imagination leads her to an understanding of work and of creation as basic functions of humanity. In work, people transcend their bodies, they body forth an object; removing themselves from pain, they extend themselves into the world. If unable to do so, or if coerced into extreme or alienating forms of labor—she cites slavery in ancient Egypt and in the U.S. South and work conditions in nineteenth-century British factories as examples—people experience pain:

The proximity of work to pain is here specifically attributed to the massive hunger, sores, disease, airlessness, and exhaustion suffered by the industrious population, but all these conditions are in turn attributed to the more fundamental shattering of the essential integrity of act-and-object in the human psyche; for the body at work was separated from the objects of its work.¹³

I want to make this account resonant for thinking about pain art. I don’t wish to accept a dichotomy between “transcendent” bodies and “caught in the flesh” bodies—deep suspicion should surround any attempts to think freedom in connection with discursively and socially bound experiences of embodiment. I think that pointing to the generative potential of pain is a useful way to discuss pain art, and the status of medical information and bodily fantasies. In order to travel this path,

I discuss Bob Flanagan's work, and I revisit a number of arguments made about his art practices before returning to this discussion of the object of pain.

Flanagan is one of the most colorful personas of the performance art scene. Together with artists such as Hannah Wilke and Jo Spence, he provides the touchstone for pain performance, disability, and illness analyses in many body-art studies. Both Wilke and Spence worked with their cancer experiences in their art, opening up visions of bodies-in-time hidden or invisibilized or only cited as "hags." Their work focused not only on the energies of transgression (Spence called herself a "cultural sniper," attacking the systematic erasure of the female, working-class, older, and ill body) but also on the haunting beauty of dignified bodies who do not rely on sameness and symmetry to hold their life up to the spectator.

Flanagan's and Sheree Rose's work as collaborative performance artists and sadomasochistic (s/m) couple equally opens up the limits of private and public, and redefines the medical and the shamefully hidden into a celebration of life and difference. In this chapter, I am tracing their interventions into the knowability of experience, and I am reading Flanagan's performance practices on the borders of s/m sexuality and medicine as the creation of a density, a black hole that incites the gaze but denies closure.

Flanagan lived with cystic fibrosis, a disease that meant that he experienced pain and frequent hospitalizations throughout his life. He died at the age of forty-three, when he was one of the oldest people living with cystic fibrosis, a fact that made him a spectacle in medical terms as well as in the art world. The medical diagnosis, and the institutional environments of medicine's dealings with this disability, is a visible part of Flanagan's character: hospitals, charity drives, medical paraphernalia, and oxygen tubes are part of his writings and performances.

In poetry, installations, videos, and practices in s/m clubs, on the border of private and public, Flanagan disclosed sexual practices and his particular brand of physicality with humor and irony, and with a domestic flair: he linked his eroticism to childhood experiences or to domestic scenes in his home. Many of his public displays feature him in slave/dominatrix interaction with Sheree Rose, his mistress and lover of fourteen years. One of his most famous performances included hammering his penis to a piece of wood—a rather iconic sign of body art's excruciating play with gender identity. The act is supposedly in itself not painful; that's at least what Flanagan states in interviews he gave to Lynda Hart in 1998 (but of course, that very nexus of knowability and comparative pain is at stake here).¹⁴ But the act clearly elicits interesting audience reactions because it looks very painful indeed, and because it clasps pain excitation, sexual excitation, and the excitement of the taboo surrounding (male) genitalia in one act.

Flanagan presented disability and bodily difference in a new and challenging way, eroticizing not only sadomasochistic acts, but also the paraphernalia of the hospital bed (in 1994, he installed a full-scale hospital room in the New Museum in New York, and talked to museum goers from it), and the anatomy theater. Rosemarie Garland Thomson discusses Flanagan's self-representation as an exercise in exoticism, and as a way to counteract more familiar figures of pain and physical distress in popular culture: "By hypersexualizing himself, cultivating exaggeration, and creating a radically transgressive persona, he aggressively enlists the exotic mode to counter unequivocally the rhetoric of sentimentality and renounce even the admiration of the wondrous."¹⁵ It is interesting, though, to look more closely at how Flanagan's performance disrupts conventional codes of sentimentality. To do this, it is necessary to first unpack the concept of sentimentality as it pertains to the freak show, the historic form of popular entertainment that shimmers through the weft of Flanagan's brand of performance art.

SENTIMENTALITY AND THE FREAKS

"Poor child. She's so brave." These are traditional audience reactions coined by sentimentality. Being in the performing presence of these heroes is seen to be uplifting and edifying. Cystic fibrosis, multiple sclerosis, cerebral palsy, muscular dystrophy: all these diagnostic categories have spawned charities, and with the apparatus of charity logic, advertising campaigns, and other fund-raising activities. These charities and their visual strategies, necessarily designed to attract donations rather than integrate differences, have instigated severe criticism from many voices in the wider disability culture.¹⁶ Many poster child campaigns and their attendant telethons rely on the codes of sentimentality, matched with a belief in medical progress and the possibility of the eradication of difference, to reach their audiences and their pockets. Sentimentality appeals to the affect of pity, and this pity brings with it a social affirmation of being superior, which easily translates into charitable impulses.¹⁷

In her discussion of Julia Pastrana, the "Extraordinary Lady," a hirsute Mexican woman, Garland Thomson defines sentimentality as a predominant bourgeois mode of engaging with otherness in Victorian America: "Sentimentality was the production and demonstration of a certain affect that structured a social relationship between a person who could show fine feeling and the one who could induce it."¹⁸ Victorian pity is the core affect engendered by a sentimental approach to physical or economic otherness. This pity creates a seesaw effect: lowering the other while lifting the self, as two different forms of embodiment are evaluated and set in relation to one another. The viewer can indulge in his or her own social status in the performance of difference. Thus, the object of sentimental performance is not

to see the other, but to put the self on display in its finery, its appropriate emotion, its performance of social codes that reinforce its social position.

In the case of Pastrana, the sentimental affect of pity is reinforced by the projection of (emotional) sameness onto (physical) otherness. A contemporaneous account states: "To the world, she was nothing more than an aberration, something grotesque that was paraded before others for money and trained to do tricks like circus animals. For those few who knew her better, she was a warm, thoughtful, capable being with a big heart."¹⁹ Garland Thomson shows how this account creates a form of contract in the viewing situation: not only is the freak the instance that engenders the feeling of pity, which in turn is a sign of moral superiority, but the encounter also provides a narrative with which to frame the freak, to smooth over the freak's presence in the social world: "Sentimentality thus hybridizes the self and the other by positing an exchange of feeling so that the other inspires elevating and humanizing sensibilities in the self, which then projects those sentiments back onto the other."²⁰ In short, Garland Thomson sees in the performance of the freak show an ordering, a categorizing exercise that structures viewers and freak into hierarchies. Ideally, the viewer attains the moral high ground through the action of staring at the freak. This pat and absolutely binarized scenario of self and other is broken, though, in individual instances, throwing the mechanisms of ordering into disarray. Flanagan's performance interventions can be read as openings into the perceived knowability of the freakish other.

Flanagan's career certainly stands in an interesting relation to codes of sentimentality: he was a cystic fibrosis poster child, evoking pity and its structuring effects, which (hopefully for the charity) led to the giving of money. As a slightly older child, he appeared in televised fund-raising campaigns and in later life recounted the pleasure he gained from this public exposure of his private self. He also was a frequent performer and entertainer at cystic fibrosis summer camps, performing under the dual aegis of charity and disability identification. In his adult performances, though, he renounces his position in the binary of viewer and object of pity by denying one of the fundamental bases for sentimentality: the alignment between his (nonfreak) viewers' and his own moral, interior, or phenomenological universe. He radically denies sameness but at the same time uses humor and other strategies to undercut the absolute otherness of freakdom. He also continually undercuts the difference of his medical diagnosis: one way in which cystic fibrosis presents itself is through the overproduction of mucus in the lungs, literally drowning a person whose mucus is not removed by mechanical means (which included thumping of the chest and the insertion of various apparatuses).

At the heart of his experience are liquids and substances shared by everybody, but substances that are taboo emissions at the limits of bodies. Flanagan takes gleeful pleasure in pointing out that the main liquids he is concerned with are mucus,



Bob Flanagan in Sick: The Life and Death of Bob Flanagan, Supermasochist, 1997. Directed by Dick Kirby.



shit, and semen. He created a little sculpture as well, echoing the Visible Man, a plastic demonstration model that allows people to see veins and arteries in a translucent “ideal man,” a medical achievement similar to the bodies in von Hagens’s display.

Flanagan’s own model is somewhat less ideal and plays both with the commonplace of his bodily experience and its taboo, disgust-inducing aspects. The model is fed with tubes that ensure that three differently colored thick liquids drip from the plastic statue’s mouth, penis, and anus. Instead of the transparency and universal applicability of the “ideal” medical prop, this little man is full of opaque liquids, dripping onto surfaces, noncontained, uncontainable, a contaminant, and yet deeply familiar.

With these cheerful works about sameness and difference, his performance address hovers on the edges of different modes, destabilizing clear boundaries and knowledges. Who inflicts pain here? Is there a distinction between body and self? Is Flanagan at somebody’s mercy, or somebody’s pity? Is there a psychic pain Flanagan somehow inflicts on his viewers? Amelia Jones captures these destabilizations: “[Flanagan] constructed himself as both acting subject and receptive object of violence, merging subjectivity into objectivity for both Flanagan and his audience and thus confusing the security of either identification.”²¹ In *Autopsy* (1994), a performance captured by the video camera and used for the film *Sick*, Sheree Rose and Bob Flanagan are engaged in sadomasochistic acts on the boundary of the medical, the spectacular, and the sexual. To me, this performance shows some of the ways that Flanagan makes his being unknowable, confounds knowledges, and refuses the alignment of self and other in sentimental discourse.²²

Flanagan lies on a table, in a setting clearly domestic: in the background are buckets, rope, concrete walls. While all these elements have s/m uses, the overall effect is one of a garage or cellar storage room. In the middle of this space is a metal table, which looks specific to a nondomestic, professional, medical setting, and which could be an authentic mobile autopsy table. This last association creates a frisson of interest, particularly if one is watching the video in the early years of the twenty-first century, when much of U.S. television is dominated by dramas focusing on forensic pathologists (*CSI: Crime Scene Investigation*, *Crossing Jordan*, for example), and where rationality and the narrational release of tension provide the context for sanitized, color-coded, and beautifully lit dead bodies.

Flanagan definitely looks the part of a corpse: he is marble white; his relaxed pose and lax muscles are emphasizing his bulging chest, with ribs clearly visible under his stretched skin. The pose echoes Renaissance images of the dead Christ: a posture reminiscent of the depiction of pain, hunger, a torturous death, the opposite to life and salvation.²³ Translucent tubes flow over Flanagan’s face, emphasizing the medical aspects of the image: his body is strapped into paraphernalia, oxygen flows into him, undermining notions of self-regulated individual agency.

Behind him hovers a strange Maria, Sheree Rose making up the other position of the Pietà. Rose is clad in the white coat of a medical practitioner, and she is moving in unhurried, carefully controlled movements and gestures. As Madonna and whore, she wears a revealing black top underneath the medical white, and her words and actions trip from maternal tenderness to bad mother/lover. She talks while she is busying herself about Flanagan's body. She describes the history of their relationship and acts out parts of her narrative on Flanagan. When she talks about slapping, she demonstrates the action, taking careful note to show to the camera the areas she wouldn't slap (eyes and throat). Only "the nice fleshy part"—the words are put into action and Flanagan's face shakes with the impact of her hand on his cheek. As Rose moves through her routine, the interventions on Flanagan's body become more extreme, and the corpse wakes up: we hear him moan and arch with pain as she pierces his penis or inserts metal balls into his rectum.

There is a strong contradiction between Rose's measured delivery of her lines, the medically connoted, practiced clarity of her actions, and the socially accepted view of these practices. Likewise, the clearly marked but inarticulate pain



Bob Flanagan and Sheree Rose in Autopsy Performance from Sick: The Life and Death of Bob Flanagan, Supermasochist.

of Flanagan is held in tension by the motherly, loving, and caressing hands of Rose: before and after she strangles him with a silken band, she tenderly strokes his flesh, talking with real affection about their relationship and love.

What is the effect of this bizarre performance? Not only does Rose not conform to the stereotype of the leather-and-rubber clad dominatrix but she presents herself more like a (equally fantasized) doctor or a schoolteacher. But also Flanagan's calm presence (apart from the inarticulate, bodily signs of pain) contradicts the conventional narrative of the squirming, talking slave. By most medical diagnoses he received, Flanagan would have been dead by the time the performance took place: the autopsy room isn't a setting many people would have been surprised to see him in.²⁴ So instead of presenting the autopsy scene as one taken out of the normal flow of life, Rose and Flanagan insert it into the everyday rituals of their relationship. Likewise, the extreme acts that Rose performs on Flanagan's body are not sensationalized in this performance but are understated: there is little or no blood flow, there are no highly specialized implements. Instead, the scene is at home—an exploration of a relationship played out as it is recounted, made flesh in the telling. But this home is expansive, opening toward excess.



Bob Flanagan and Sheree Rose in Autopsy Performance (detail) from Sick: The Life and Death of Bob Flanagan, Supermasochist.

Flanagan's presence overwhelms the scene, even though he doesn't literally speak. The combined lures of various taboos—seeing corpses, playing Christ, staring at a naked penis, peering at people with medical addenda (the tubing)—make his presence loom larger than the calm Rose hovering over him. Rose's detailed account doesn't include a why; she does not explain the allure to hit or to be hit, she does not use any of the pat explanations that have been offered in the wake of the rise of Flanagan's sexuality to visibility. No narratives created out of connotations of images, and no shared history recounted lovingly by Rose, clad Flanagan's body. In a media world where the act of being naked has become commonplace and has lost much of its shock value, though slightly less so for male nudes, Flanagan's performances push out of the ordinary male-naked-body mode by the extraordinary reference material accumulated around him.

But before his presence can fragment again into a postmodern play of multiple signifiers, the audience witnesses a needle stuck into his penis and Flanagan's groans and cries accompanying this act. A shift occurs: away from the playfulness of the surrounding images and toward the seriousness of feeling effects in one's own body.²⁵ Amelia Jones discusses both French performance artist Orlan, who has performed live during and through bloody cosmetic operations on her face, and Flanagan by pointing to intersubjective sharing, one of the core issues at stake in her provocative study: "While pain cannot be shared, its effects can be projected onto others such that *they* become the site of suffering . . . and the original sufferer can attain some semblance of self-containment (paradoxically, though the very penetration and violation of the body)."²⁶ The logic behind the psychic process described here comes out of a scarcity model: by puncturing the self-containment of others, the self perceives itself as more in control, psychically, if not bodily. But as Jones points out, this temporary psychic play distances the self from itself, becoming an other (self-contained) through its interaction with the audience. Jones elaborates on the complex scenarios of identification, nearness, and distance enacted in her interpretation of Flanagan's work (echoing Scarry's account):

In phenomenological terms, illness concretises the body, forcing the subject to become hyperaware of her or his body-in-pain. . . . Illness, then, can be said to force the subject to recognize her or his existence in relation not only to an other but also to the tortured self. Flanagan experienced intense pain through his illness. As a person disabled by illness and a practising masochist, Flanagan sustained a relationship to his audience that could be seen as doubly imbricated and yet doubly distanced: his flamboyantly performed relationship to pain draws us in (paralleling our own psychic traumas) and yet removes him from himself and thus for us as we have identified with his pain.²⁷

This interpretation hinges on the binary of body and self. "Illness concretises the body"—it is this move that immobilizes the subject, binds it to one state, disrupts

its potential flights and freedoms. In Jones's interpretation, Flanagan deals with this concretization through a process of oscillation. By performing his pain, he momentarily rehearses the freedom from its concretizing effects.

But we know our world only through being embodied in it. Body and mind cannot be separated: they are a continuous unity. A mode of being embodied determines the knowledge patterns, ways of seeing and feeling, ways of attuning to the world of a subject. Given this premise, Jones's interpretation of Flanagan's work seems, while persuasive and interesting, still to hinge on another subject's knowledge pattern about the effects of pain, and on a highly negative interpretation of the concept that "illness concretises the body."

If pain does indeed concretize the body, foreground it experientially, why should this be seen as an immobilizing prison to trap the subject in?²⁸ Scarry's account of pain's relationship to imagination and work clearly relates to this debate but in itself doesn't seem quite as negative a view of pain. In her account, the framing of the woman in the field meant that in becoming painful, that is, aware of her body's location and thickness, the woman could also become aware of the conditions that structure her relationship to the others working in the field, and to the labor of fieldwork itself.

Scarry continues her account of pain and imagination by discussing Marx's insights into the relationship between body experience and ideology. Within this field, the newly embodied site of physicality's acknowledging its painful experience might be an avenue to understanding the embeddedness of the seemingly natural. To quote Marx:

[In slavery or serfdom] . . . the original conditions of production appear as natural prerequisites, *natural conditions of existence of the producer*; just as his living body, however reproduced and developed by him, is not originally established by himself, but appears as his *prerequisite*; his own (physical) being is a natural prerequisite, not established by himself.²⁹

At the moment when pain's intrusion severs the assumption of disembodied vision, and the naturalized—that is, invisible—conditions of living itself become experiential, a labile moment might emerge, a lability well guarded against, so overwritten with prohibitions, with exhortations to refrain from wallowing and collapse, from giving way at the boundaries of self, lest the possibility of living differently might emerge at this site of lability.

Within capitalist systems, both *pain* and *pure body* have found so many other metaphors, languages, encrustations, that experience itself doesn't really surface to a self (itself a product, a creation, of labor and work). Experience isn't allowed to emerge as the tense space of being held up, lifted up (to play with the literal meaning of *Aufhebung*, Hegel's term for dialectical labor). What can't be experienced in

this warding off of uncertainty (about self, subject, identity, body) is the pause, the interval, where signification has not taken hold yet, has not overformed the force of life itself.

And yet Scarry's account seems to offer borderline readings, liminal spaces, where the labor of fantasies can offer at least differences of embodied living. Flanagan's pain experience could be thus read as a game on the limits of a state of pure body in need of imagination's labor—and it is the *need*, this desire as a spatial shift, the reaching of the interval, the bridge before meaning settles back, that I find exciting and useful when thinking about relations between self and other.

Flanagan's art creation, rather than being a form of content *about* pain, emerges as the struggle to make an object out of that which is objectless in its experience: simultaneously breaking apart and playing with the notions of individual, self, body, pain as object of medical gazes and audience's titillation. As the ground for these games collapses and reerects itself in Flanagan's nearness and farness to pure experience, the dialectic climbs up with its arduous two-step: it lifts up/erases body *and* experience. Thus, the dialectic of pain taints with movement all concretization, refusing to be pinned down.

TANTRUMS

Pain and its celebrants have also found other ways to rescue the widespread use of cutting and piercing techniques in contemporary performance art. A different interpretation can see pain as an affirmative mode of experience, creating life and sensation in the face of dullness and loss of subject boundaries (an explanation often used in popular accounts of self-cutting by teenagers). Or involvement with pain-creating scenarios can be seen as a reaction to our contemporary world, as a productive rule breaking, as Celeste Olalquiaga writes about pain and performance art: "Contemporary pain practices may be understood as a somatic affirmation: the allegorical and performative assertion of a bodily experience systematically repressed—first, by a puritanical, rationalizing culture and after, by the growing displacement represented by technology."³⁰ In Olalquiaga's interpretation, pain is part of a system that reminds bodies that they are there. But in her reading, pain is also bound up intimately with the negative system itself—it re-creates the conditions against which it protests:

The piercing/bondage tactics, however, are fully inscribed in and contingent on affective distance: tattooing (in Western culture) may be seen as the desire for referential inscription (becoming one with imagery and surfaces), while bondage and piercing treat the body as the ultimate meaningful site on which to enact a narrative of feeling. In all these practices, pain functions as an extreme psychic/sensorial experience that takes on the value of affect, a

displacement that is further underscored by the performative contexts in which these practices take place.³¹

Whether pain practices are positive reinscriptions of ego boundaries or melancholic attempts to bridge the gap between self and other through forced affect, pain incites meaning making. For Flanagan, though, this meaning making, whether negatively or positively figured, runs up against a machinery of narrative self-disclosure that ultimately shrouds the subject in unknowability. Too many analogs, emotions, framings, and the rest of the machinery of representation surround Flanagan's body practices.

Flanagan has lived with pain all his life, from early childhood on. Likewise, he has been a practicing masochist from his teenage years onward, engaging in masochistic games in his boyhood bedroom (as he gleefully told many interviewers in detail). Is the pain of cystic fibrosis continuous with, or comparable to, or in relation to the pain of masochism? Flanagan describes in one of the journal texts written late, shortly before he died, that he was changing:

Thought I'd escape writing tonight, but found myself mulling over why I don't like pain anymore. I have this performance to do on April 1, and I'm shying away from doing or having S/M stuff done to me because pain and the thought of pain mostly just irritate and annoy me rather than turn me on. But I miss my masochistic self.³²

Once again, Flanagan withholds the connection, the result of the "mulling over." His body and his sensual framework remain dense—irritation and annoyance seem as inexplicable reactions to pain as being turned on: language becomes slippery as correspondences cannot easily be formed. On the next pages of his journal, moving from March into April, Flanagan has found a way back to s/m, but clarity is still out of reach, shrouded in verbiage and description, analogy and mystery: "It hurts like hell but most of the time I can hold on until the pain subsides and I get a kind of rush. . . . It's almost like eating hot chili peppers, except that the taste buds for this delicacy are in my balls, not my mouth."³³

Given pain's highly subjective nature, what knowledge can a critic or audience member have of the subject born in pain, and living with pain, whose sensory apparatus and being-in-the-world is thus modulated by (for people not living with pain-relation conditions) different conditions? It is these kinds of questions about radical unknowability, pointing to a singularity of individual experience, that my reception of Flanagan's work tends toward, in keeping with what Jones arrives at on her slightly different trajectory: "Flanagan seduc[es] us only to make us more aware of his singularity-in-pain."³⁴

The body as trap from which it is necessary to flee for brief moments is not, however, part of my reading here: bodies are instead the reminders of the impenetrable mystery of the other's life. The other's experience is not knowable, yet a desire toward honoring his or her unknowable difference can be established in the

critical acts I am opening in my writerly attention to these performances. Flanagan's body-self as locus of knowledge and feeling is other to the selves of the audience members (because of the capitalist system's production of bodies and experiences as separate—not because there might not be any other disabled or pained people in the audience). When my reading apparatus kicks in, trying to create ethically aware interpretations that allow me to integrate Flanagan's strange performances into my knowledge system, his body-self becomes generative. Instead of a reduction to meat, this fleshly body-self doesn't allow a firm reading to structure it into "normal" knowledges about the relationship between bodies and pain. Instead, the normal as site of commonsense knowledge is challenged: if this body works according to principles different from mine, what does that say about the knowledges I hold as generally applicable about my own body?

Flanagan refuses to acknowledge clear-cut correlations, conscious or unconscious, between his disability and his masochism. He has written various texts that address why, and commentators have used the accumulation of potential narratives as affirmations of their perspectives.³⁵ In the film *Sick*, a documentary that followed Flanagan until his death and burial, the end credits run with a poem, "Why." In it, a list accumulates and, like a list of words in the spectator's attempt to read one's own sense into the fleshly spectacle of Flanagan, the list runs too long to hold revelatory status: "Because I was alone a lot, because I was different, humiliated, because of Christ or Houdini, because of parents, doctors, because of the Pit and the Pendulum, because of Mortitia Adams, because it is in my nature, because it is against nature, because surrender is sweet, etc."³⁶ The poem is revelatory only insofar as it shows the endless cycling of meaning making, especially around the question of causality. Knowledge of Flanagan doesn't emerge out of existent medical and other cultural narratives, fleshed out by him into performance, but out of the intersections between stories, images, and bodies.

At any moment in Flanagan's many shows, spectators and critics seem asked to fall back onto themselves, putting Flanagan's performance into relation to their own embodiment. Questions such as "Could I do that?" "Why does he do that?" "How would that feel?" point to a form of unknowability that cannot be easily contained by reference to the medical. The "as we know" is challenged, as Flanagan's claim about the painlessness of nailing his scrotum to wood clearly shows. Sentimentality cannot easily take hold: the meaning-making process that would create a specific relationship between one's self and the other glides off this particular other as the gaze is turned back. It is hard to pity Flanagan, as it is radically unclear whether pity is appropriate: his emotional and libidinal being is shrouded.

The seesaw of pity as a mechanism to create social position is broken, as the other won't stay in place. The Flanagan spectacle, with its domestic/exotic, transgressive/familiar vocabulary of actions, encounters many of its spectators not as a

point of difference, but moves again and again back to fundamental questions about self: how do I know my body? How do I make sense of it? Who am I? And, to link back to the difficult issues of pain and object creation, what are the conditions for the experience of subjectivity, for the creation of the individual?

S/M AND ART: INDIVIDUALITY, SEXUALITY, AND DISPERSED AGENCY

Discourses of sexuality form important moments of heightened intensity: they can disrupt liberal and polite understandings of difference and can point instead to the spectacular absolute difference that disability has often had to carry in the history of performance.³⁷ In Bob Flanagan's performances and actions, sexuality functions as a disruption of modern discourses of selfhood, in particular through play with one of the core issues of modern art practice: the place of the male artist as genius creator. Flanagan is the main name associated with the performances under discussion here, but many of the performances are actually collaborations between Sheree Rose and himself. Over the years of their partnership and collaboration, the two developed performance contracts out of which many of the public performances emerged. Linda Kauffman's discussion of Flanagan's "Sadomedicine" points to the "deconstruction of the cherished human" in much contemporary work that focuses on body art, and the "elemental, alimantal body,"³⁸ a move that is certainly characteristic of much body-focused art in recent decades. As I have shown, I do not see Flanagan's performances as reductions of humanity to meat but, instead, as meditations on the narratives of self and body that use affect and a focus on sensation to redirect our gaze from the spectacular body back onto the spectator's everyday, naturalized embodiment. The embodied gaze turns onto the conditions of thinking concepts like self and body themselves. With this, I see Flanagan directing the gaze toward normality's blind spot: the central, unquestioned, naturalized position from which others look deviant, but which itself feeds on the need to see, a need that turns on itself and patrols its own practices.

Beyond this issue of deviancy's visibility, it is useful to discuss Flanagan and Rose in relation to issues of control and mastery. Kauffman states that "Flanagan and Rose make us realize how little theorizing has been devoted to *heterosexuality*, which for so long has been presumed to be 'natural.'"³⁹ Both Jones and Kauffman discuss male masochism in depth, analyzing the dynamic of control in the area of sexual interaction. In an interesting relation to this stands the issue of collaboration, and control (in particular, male control) over the artistic process in Flanagan's practice. In various interviews, in particular in *Sick*, Flanagan traces his move from performer in the sadomasochist club scene to performance artist, and the genesis of his books in terms of s/m power play.

While he understood himself to be an artist from early on in his teenage life,

Rose would be the one to start taking photographs, video him, force him to write, and so on.⁴⁰ Collaboration is a way to disrupt traditional notions of the artist as sole creator and romantic ideas of the artist as isolated genius.⁴¹ Groups such as the Gorilla Grrls use both anonymity and collaboration to undermine the values that underlie the art market: the marketability of a name, the aura of self-exposure and truth at the heart of the work of the art. Flanagan and Rose's art practice can make critical sense within this framework. Agency seems dispersed between the two of them, and notions of private and public are similarly disrupted by the forms of sharing that the two select.

Sexual practice as transgressive art, commenting on dominant practices and disrupting conventional notions of the meaning of gender and bodies, has been a staple of postmodern art. Annie Sprinkle, Carolee Schneeman, Vito Acconci, and Martha Abramovic are examples of practitioners who redefine the boundaries between public and private, often focusing on sexuality. Orlan violates taboos about the body's privacy in other ways, exposing the boundaries of skin and muscle by aestheticizing cosmetic surgery. Beyond these critiques of the body as inviolate temple of a liberated modern consciousness, and of sexuality as a private act reinscribing social practices, Flanagan and Rose's work opens up a slightly different taboo zone around medical issues, bodies, and agency.

I am fascinated here by the same issue that arrests Jane Blocker's reading of Vito Acconci's *Conversions* (1971). In the performance piece caught on Super 8 film, Acconci eradicates his masculinity by burning chest hair, tucking his penis between his legs, and vanishing his penis—into the mouth of a female helper. In his words, "I become the woman I've canceled out."⁴² Instead of giving in to the temptation of an ironic eye-roll, Blocker becomes fascinated with the woman who knelt and accepted the penis into her mouth, helping the performance gently along. Blocker writes: "As an indication of the extent of my own desire, I have tried to locate Dillon for over a year, to ask her what that performance meant to her, why she participated in it, how she envisioned her role, as though the answers would requite my desire to see a transgressive female within the male order."⁴³ Dillon is important for Blocker to find even a marginal entry point into the scene, and Dillon's nonstory also provides a case study that excavates misogynistic critical responses to the different ways that male and female bodies figure in body art's opus (Blocker cites how some magazines called Dillon a "girl" or Acconci's slave).⁴⁴

Doubling, multiple agency, can provide the utopian space for play beyond the monolithic one, beyond the certainties of gender only ever under erasure, not vanished or vanquished. For me, seeing Rose, hearing of Rose, feeling the dislocation of power and gender roles in a serious play provided that point of access to Flanagan's practice that Blocker can't find in her reading of Acconci. In terms of disability discourses, Flanagan and Rose's work points to a critique of the subject as a

self-sufficient unit in rational discourse. Flanagan couldn't have lived as long as he did without continuous medical intervention. Neither Rose nor Flanagan could have created the artwork they did without one another. Not only were other physical bodies needed, but the team also needed each other for motivation, pressure, goals, and understanding—a dominant theme in the materials Flanagan left behind (and in the multiple interviews that exist with Rose).

The Rose/Flanagan scene also subverts the traditional gendering of the master/slave dynamic. Dominatrixes are ubiquitous in popular culture's interest in s/m practices, but in the Flanagan/Rose collaboration the issues of deferred agency are less clear-cut than usual: masculinity is not just patterned on power held in abeyance, and femininity is not just a masquerade of fantasies. Death, illness, and pain are at stake in their relations. Serious play: "There are two realities meeting, then, at a single vanishing point, life and death, art and life, the thing itself and its double, which prepares the ground for performance."⁴⁵ Herbert Blau points to this dynamic at the heart of performance (which in turns provides the nourishment for the ongoing debates on the vanishing/presencing powers of performance in performance studies). This death/life knowledge that spectators bring to seeing Flanagan in collaboration, and the doubling of agency into split roles that are handed back and forth across a terrain of performative actions enacted in garages, homes, vertical hospital beds, and horizontal coffins confounds fixity: the vanishing point does not allow for a parsing of Flanagan's (or Rose's) experience.

Genders are confused/asserted, as the theater of role play engages the social scripts of patient/mother and psychological scripts of victim/other. The traces of collaboration, dispersed agency, and communal decision making are everywhere in the works: Flanagan talks about agreeing to being forced to write his journals, Rose pulls the rope that will lift his body off a hospital bed, suspending him in an art installation. Mediation is an important aspect of this work on the borderline of public and private: journals, photos, videos (even videos mounted into coffins, greeting "mourners" who step up), reenactments, and live presence make up the oeuvre. Flanagan's death/life is overwritten and undermined: after his physical death, his journals continued to circulate and posthumous performances were orchestrated by Rose. The "live" as guarantor of the individual is removed or held in abeyance in much of Flanagan and Rose's practice, allowing for an undermining of the issues of authenticity and originality (and of course, this undermining itself is a well-rehearsed trope of contemporary artwork). In *Sick*, Flanagan parodies the individual touch and the cult of the artist by calling himself "Mr. D. Rivative": he names artists who Flanagan's work echoes, such as Chris Burden, but insists that his work is an original D. Rivative. This questioning of the individual as point of origin and primary carrier of life in Flanagan's life and work creates interesting connotations in the field of disability studies.

Disability scholars such as Lewiecki-Wilson critique understandings of the rational political subject that are focused on self-sufficiency and independent judgment. They use disability as a testing ground for new understandings of intersubjectivity as a political tool. Within critical theory, the Marxist tradition has questioned the notion of the individual as transcendent decision maker and agent in the world: the individual is seen as a construct, as the point at which various institutions (family, church, state, psychoanalytic discourse, education, and so forth) intersect and coalesce. Foucault describes the relationship between the individual and power relations:

It is not that the beautiful totality of the individual is amputated, repressed, altered by our social order, it is rather that the individual is carefully fabricated in it, according to a whole technique of forces and bodies. We are much less Greeks than we believe. We are neither in the amphitheatre, nor on the stage, but in the panoptic machine, invested by its effects of power, which we bring to ourselves since we are part of the mechanism.⁴⁶

Foucault argues that the kinds of public forums appropriate to earlier times (including the carnival) are replaced by new forms of public technologies. The individual is created by these technologies, not from above, by an overseeing force, but in the interaction of forces that we invest with power in the act of living; every time we name ourselves, we reinscribe and reproduce the individual effect. In Flanagan's performances, parts of the machinery of the panopticon are lifted into visibility—not as something that a panoramic viewpoint can be gained on, but as something that is implicated, coextensive, with the subject's sense of self-sufficiency.

The dominant Western art world mirrors and produces the notion of individual expression as well as the notions of life/death, fantasy/body, and the significance of the boundaries between. People living on the borderlines of different discourses are in a position to manipulate the slightly different meanings and markers invested in the practices that surround them at the meeting point of these practices. The artistic and the medical, or the judicial and the medical, are two border areas that can be used to show the limits and construction of each of the fields abounding on one another. In Flanagan's performance, the art world with its ritual and obsessive emphasis on the individual artist collides with a lived experience of medical technologies, and with collaboration.

In much medical discourse, bodies are dispersed into symptoms, and, in the acute scenario of the operating theater, the body is enlarged into a field of actions that are outside the borders drawn around the individual body. Stefan Hirschauer identifies the bodyscape encounters in the operating room: a fragmented body of the patient, transposed into a wider space than the fleshly envelope, and a corporate, aggregate surgical body, encompassing agencies such as doctors, nurses, instruments, computers, insurance providers, and so on.⁴⁷

In this vision of the medical theater, monitors present bodily functions re-configured into visualizations; sounds emerge from different machines; even the body's cavity might be transposed onto a screen in a different room, acting as a video location for a surgeon who operates by manipulating robot arms. Boundaries become unstable, and new forms of ethical behavior have to engage with the realities of a medical-social environment in which intervention possibilities multiply.

Who pays, who acts, what acts, what is necessary? These issues are all foregrounded in Flanagan's performances in hospital beds, with multiple tubes delivering oxygen and subtracting fluids, with pills strewn about, and with chest-pounding metamorphosing from one context to another—from medical necessity to sexual body play. In Flanagan's performances, the constructed nature of the individual and rational discourse based on the doctrine of the free individual can become visible as historically grounded.

Foucault's genealogical projects show how forms of public presence—issues of visibility and invisibility, containment and spectacle, disciplinary practices and the construction of morality—are indicators *and* creators of a technology of social and private life. Foucault's core sites of the production of truths about mind and bodies—hospitals, madness, prisons, and sexuality—live through the creation and regulation of rituals and practices of and on bodies. Disability has a privileged status in these schemes. Its definition and containment can become a touchstone for social regulation and meaning making. With this, disability can serve as a fertile ground for the archaeology of discursive practices.

In the oeuvre of Flanagan/Rose, these issues of the social construction of bodies, aesthetics, locations for performance and rational discourse are in serious play: the violence of history is made flesh. At the same time, the affective potential of bodies serves to go beyond these histories of oppression and categorization that divide society—the claiming of the wound as minority politics. If the relations between embodiment and meaning become unstable, the unknown can emerge, not as site of negativity but as the launch pad for new explorations. By exciting curiosities, by destabilizing the visual as conventionalized primary access to knowledge, and by creating desires for new constellations of body practice, these disability performances can attempt to move beyond the known into the realm of bodies as generators of positive difference.



4. Intersections

BLOOD, LAUGHTER, AND THE SPACE-OFF



Were I a writer, and dead, how I would love it if my life, through the pains of some friendly and detached biographer, were to reduce itself to a few details, a few preferences, a few inflections, let us say: to “biographemes” whose distinction and mobility might go beyond any fate and came to touch, like Epicurean atoms, some future body, destined to the same dispersion.

—ROLAND BARTHES, *Sade, Fourier, Loyola*

BODIES AS SINGULAR, BOUNDED ENTITIES, on singular journeys through the time-space continuum, move in and out of focus in this chapter. I am interested here in bodily fantasies that circle around boundaries and openings, played out between writing practices and bodily performances, and caught up in historical reference fields. I am/I was: these statements I wish to put under scrutiny, the relationship between an I authoring itself and the writing of bodies, within the dimensions of time and space. I want to show how different knowledges chafe against one another: biomedical certainties, historically contingent or psychologically specific ways of knowing bodies, and the different ways of recognizing a self in memory and in photography.

To open up to bodily permeability, and to play with boundaries, is a fraught venture. Elizabeth Grosz sums up one set of attitudes to the problems of the permeability of the body envelope, the skin sack, the psychic unity of corporeality:

Body fluids attest to the permeability of the body, its necessary dependence on an outside, its liability to collapse into this outside (that is what death implies), to the perilous divisions between the body’s inside and outside. They affront a subject’s aspiration towards autonomy and self-identity. They attest to a certain irreducible “dirt” or disgust, a horror of the unknown or the unspecifiable that permeates, lurks, lingers, and at times leaks out of the body, a testimony of the fraudulence or impossibility of the “clean” or “proper.”¹

But instead of focusing on this leaky instability as a horror metaphor, a place of abjection in need of cleaning, I will concentrate on this instability as an act, as an enterprise that articulates aspects of sociality. In the intersections and openings explored, a positivity or generative potential attends these complexly marked sites of opening—what, following Deleuze, I have analyzed as the virtual in chapter 2. There's a contradiction at work, both conceptually and affectively, in my discussion of performances and art practices in this chapter. This contradiction focuses on the place of autonomy—the bounded space of a self. A critical analysis of social relations that focuses on exclusion, distance, and the impossibility of touching the other meets with a desire to touch, to extend oneself, to go beyond. Disgust meets curiosity, drawing into the self meets expansion toward an other. This dual movement is achingly familiar to feminist theorists: it describes the project of critical feminist positioning, the “and yet” that attends feminist analyses of the dominance of patriarchy and its structures. Teresa de Lauretis engages this need to be in two places, to embody, critically, the intersections of different ways of thinking:

Thus, to inhabit both kinds of spaces at once is to live the contradiction which, I have suggested, is the condition of feminism here and now: the tension of a twofold pull in contrary directions—the critical negativity of theory, and the affirmative positivity of its politics—is both the historical condition of feminism and its theoretical condition of possibility.²

The revulsion/attraction, refusal/desire, critique/affirmation motions de Lauretis described characterize my critical attentiveness to the world. The generative potential of the oscillation, as a mode that both excites curiosity and sets subjects in motion toward others, is at the heart of the vibratory practices in this chapter.

I will open up to this generative vision through a close reading of two images from Roland Barthes's autobiography. Barthes has shaped (at least) two dogmas of contemporary cultural criticism: “the writerly text” and “the death of the author.” The writerly text is a way of rethinking reading that sees the encounter between reader and text as a place of innovation, creativity, and meaning making. Barthes writes:

The writerly text is a perpetual present, upon which no consequent language (which would inevitably make it past) can be superimposed; the writerly text is ourselves writing, before the infinite play of the world (the world as function) is traversed, intersected, stopped, plasticized by some singular system (Ideology, Genus, Criticism) which reduces the plurality of entrances, the opening of networks, the infinity of languages.³

In this encounter, different desires and histories connect and shape the meaning that can be mobilized by the text—an approach that radically challenges the authority of the author as the origin of meaning. The writerly text opposes the readerly

text, the Book, a text that attempts to foreclose all digression, all contact, and instead perpetuates the Law (and at the site of the word, contradiction rules—writers such as Derrida show how the desire for/of the readerly text is itself always already undermined by language’s undecidability, and the excess of meaning that accrues to any act of signification).

This concept of the writerly text is taken further by the pronouncement of the death of the author; the place where a text’s contingent meaning is shaped is now the space of the text-reader encounter. But Barthes’s writing doesn’t necessarily deal with certainties and sage pronouncements of death. In his writing I find life created out of death. I find a ghosting of death in the life of the subject looking back at photographs—a connection, a continuity. Barthes’s authorial death is the making of new modes of labor in the markets of meaning, for “the goal of literary work (of literature as work) is to make the reader no longer a consumer, but a producer of the text.”⁴

In my chapter, this play with fractured selves, and with different knowledges of selfhood, moves then into a discussion from print/text into body/performance. Writers have expended energy on keeping words and bodies apart, resisting the use of concepts out of linguistic structuralism to try to understand the different trajectories of bodies and practices.⁵ Here, I trouble these new dogmas again: writing the body (and bodies) and being a body collapse productively as representation and embodiment move together, are in process. I will engage in willful readings, looking for traces of the “space-off,” the places outside the viewfinder, the places that productively contaminate the narratives of bodily integrity by closeness and yet invisibility. De Lauretis writes (in relation to gender certainties, but I am retooling it here, to point to body knowledge projects):

It is a movement between the (represented) discursive space of the positions made available by hegemonic discourses and the space-off, the elsewhere, of those discourses: those other spaces both discursive and social that exist, since feminist practices have (re)constructed them, in the margins (or “between the lines,” or “against the grain”) of hegemonic discourses and in the interstices of institutions, in counter-practices and new forms of community. These two kinds of spaces are neither in opposition to one another nor strung along a chain of signification, but they coexist concurrently and in contradiction. The movement between them, therefore, is not that of a dialectic, of integration, of a combinatory, or of *différance*, but is the tension of contradiction, multiplicity, and heteronomy.⁶

Bodies are written, made discursive and legible by the various knowledge regimes we construct them with. In the performances discussed here, the ground of signification comes into view, not as a romantic “ur-body” preceding representation, but as a set of practices, often contradictory and overlapping, that are historically specific and that shape our emotional attitude toward bodily openings.

Thus, I propose to look for de Lauretis's trajectory toward the "space-off," for a traveling between frames and ways of knowing, which is specifically evoked in bodily fantasies that project grammatical structures of self and other. As bodies and cultural meanings, grammar and body smells mix and merge, physical experiences wrestle with the social frames for embodiment.

WRITING TUBERCULOSIS

In his autobiography, *Roland Barthes by Roland Barthes*, Barthes prefaces his writing with images of his life. As someone writing about the power and haunting of images, these photos chart misadventures, missed connections, isolations, and moments of loss: the figure of the author fragments and reassembles as readers make connections across large expanses of white on the book's pages. Toward the end of this strange photo album is one image that seems different in genre from many of the others: while a few were photos of letters, and most posed shots of people and locales, this one is a photo of a medical chart. Above the photo, a text is set:

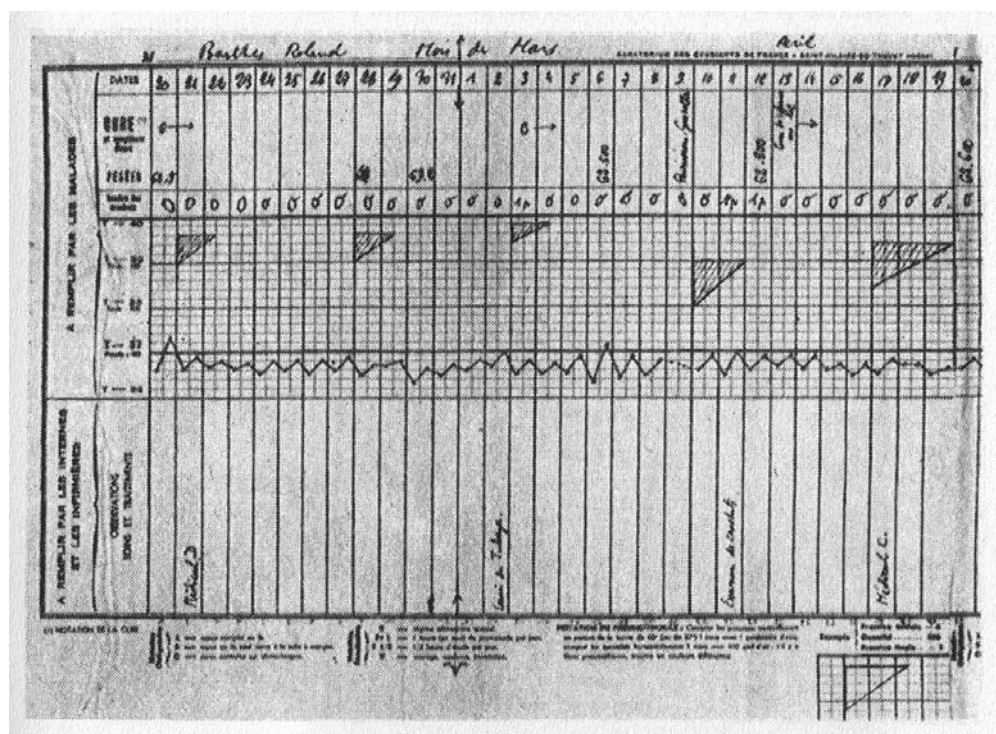
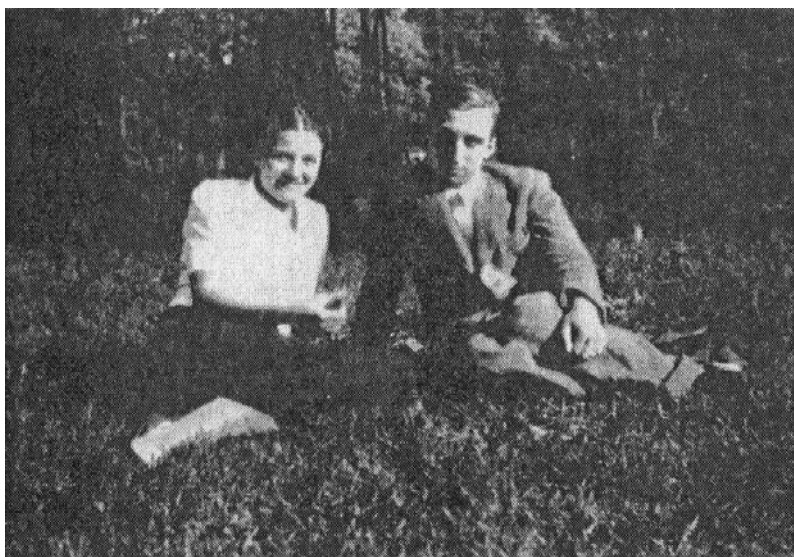
Recurrent tuberculosis.

(Every month, a new sheet was pasted on the bottom of the old one; at the end, there were yards of them: a farcical way of writing one's body within time.)

Painless, inconsistent disease, clean, odorless, id-less: it had no other signs than its own interminable time and the social taboo of contagion: for the rest, one was sick or cured, abstractly, purely by the doctor's decree; and while other diseases desocialize, tuberculosis projected you into a minor ethnographic society, part tribe, part monastery, part phalanstery: rites, constraints, protections.⁷

The photo of the medical chart reproduced in the autobiography is on its side, fallen (at least according to the logic of pasting and lengthening the bottom as described by Barthes). On the two-page spread, it is balanced by an image of two young people, one Barthes, the other a nameless young woman, both sitting on a lawn in front of trees. Slightly larger than the image of the couple (for that, surely, is the generic term for the careful arrangement of limbs and bodies), the medical chart is nevertheless less able to arrest our gaze: it is grey, monotone, to the vibrant black-and-white contrasts of the couple. While its lines echo the trees in the background of the couple shot, the chart's repetition of vertical and horizontal bands creates an image of its own: a marching of time, measured days and measured, veiled, unknown bodily responses.

Above the couple photo, the following words appear: "Where does this expression come from? Nature? Code?"⁸ The relationship between the writing and the photo is unclear: does Barthes refer to the expression on the face of the young man, as he is recurrently commenting both on his self as captured in the photographs of



Private snapshot and tuberculosis chart, pages from Roland Barthes by Roland Barthes, 1977. Courtesy of Archives Seuil.

the album and on his emotions toward the objects depicted? Or does he refer to the choreography of limbs, the couple dance, the convention of a carefully paralleled, zigzagged body shape? Or does he refer to the expressions of himself anchored on this double page: one, his face in half-shadow, contrasting his companion's sunny lit smile, and the other, a medical chart tracing a certain social relationship, and a certain bodily being-in-time? The text of the medical chart refers to the various ways that tuberculosis (TB) is social: contagion, communication across different bodies, is one aspect of TB's medical and cultural repertoire,⁹ and the other is the "minor ethnographic society," the small, carefully regulated rituals of rest and treatment captured in their exquisite rhythm in Thomas Mann's *The Magic Mountain*. It is this quality, the small social sphere, that is also referenced by "phalanstery," a small socialist group, a radical political utopia, a commune.

Thus Barthes's bodily being, his medical diagnosis, forced a set of social rules and rituals onto his being-in-time, as evidenced by the medical chart. At the same time, another aspect of Barthes's youthful body is also seen to enter a social contract governed by strict rules and rituals: the mating game, the codes of which affect my reading of the couple on the lawn. In that photo, Barthes's hand is balled into a fist, and it is this point, the most lit-up part of his body in the image, that communicates to me a tension: the tension of holding one's leg backward in what looks like an uncomfortable pose mimicking an easy grace, and the tension of jovial, flirty companionship, witnessed by the capturing and solidifying gaze of the third person, the person pointing the camera. A frozen moment in time: frozen not only in retrospect (as Barthes's gay desires emerge in the critical attention given to his life's projects),¹⁰ but also frozen with a frost of coldness in the ball of a fist, in the dark shadow of his other arm, rigid, separating the mirroring couple.

Gender is also at work in the third nature/code issue signification that appears, becomes a body fantasy, as I see the photo with the chart: gay desire is frozen out of the image, but gender instabilities reinsert themselves into scenarios of TB and consumption. The dominant image of the consumptive is intertwined with femininity as maleness's weak other.¹¹ Hans Castorp in *The Magic Mountain* is the "delicate child of life," and his flirtation with melancholia, depression, death, and different possibilities of masculinity frames his journey from onlooker to tubercular patient.¹²

The medical chart in turn dissects rather than freezes: Barthes's negative feelings toward its measuring step appear in his use of the word *farical*. This document, so clearly stitched together, held together by paste and by convention, nevertheless held power over him: its language, its signs, impenetrable to a nonprofessional, an outsider, decreed his isolation and his placement within the taboo space of society, outside its border, up in the mountains. The disease itself is treacherous and shady: "painless, inconsistent disease, clean, odorless, id-less." Tuberculosis wasn't available

to his senses, wasn't an enemy that could be fought. Like the ghost in/of a photograph, TB manifests in the shadows of X rays, and in the medical instruments of microscopic examination. There is no logic to this disease that was available to the young Barthes: id-less, it presented no return of the repressed, of life burbling up in assault and struggle through infection and pus. To many people diagnosed with the disease, its symptoms appear as a wasting veil of tiredness. Ready to embark on academic adventures, Roland Barthes's life was arrested twice, moved out of the social environment of the university into a mountain sanatorium. "Rites, constraints, protection": Barthes's frustration emerges in a net of dark lines that might just as well be the iron bars of a prison cell. The disease leaves behind scars in tissue—calcified sections of lung—the papery, caseous remnants of disease crackling in one's torso to the trained ears of listeners on stethoscopes. Lung tissue patches, yellowing photo papers, and the crumbly texture of old medical charts: time is passing along, material is caught in entropic dispersal.

The most common visualization machines used in relation to tuberculosis are lung X rays, with their conventionalized, indexical relation to the opacity and density of bodies.¹³ Even X rays' mapping of location, indistinctly readable to lay eyes, isn't available in this chart: abstract shapes such as triangles and squiggly lines underline the authority of the doctor's decree: the strange, exclusionary language that withholds the fullness of knowledge from the patient, that negates bodily feelings and certainty: sick or cured, abstractly. The diagnosis couldn't be felt, couldn't be owned by a body reliant on the sensory instruments of another.

The second common test for TB is a Mantoux test. In this test, tuberculin (purified proteins of the bacterium) are injected under the skin, and then "read" forty-eight to seventy-two hours later. If a hard dot of certain dimensions forms, the body's antibodies react to the bacterium, and a diagnosis is confirmed. Still not phenomenologically available as pain or interior bodily difference, TB is here written on the skin, on the body's surface: ownership—"having TB"—is a mark, even if that mark relies on translation.

As I am writing this, I remember that as part of my own green card proceedings upon entering the United States, I had to subject myself to this test (and others): I remember worrying about my body as a betrayer, potentially exposing my (unknown, unconscious) illegitimacy, potentially forcing my exclusion. A lesion would make me transparent, expose difference. The body as site of symptoms, readable and markable, splits from the self as assemblage of certain desires (to enter a country, to continue with a career). Literally and psychologically, marking demarcates, creates boundaries, and necessitates journeys. For Barthes, the journey plucked him out of his career and into a mountain home.

In contrast, in these charts, the doctors read a body that was not available to Barthes's senses. Authoring, ownership, and agency become (even more) fragile. In

the face of helplessness, of not owning the knowledge and with it the frame for the situation, Barthes's body fragments into different sites of sensation. The body-in-time of the medical chart is farcical to Barthes, and *recurrent tuberculosis* stands alone in the first line of his commentary: this is not "my recurrent tuberculosis," or "my body with tuberculosis." The decree stands alone, not owned, not pasted onto the self.

Barthes's body is equally alone and not clearly owned, not clearly inhabiting one sign, in the couple photo. The relations between pose and tension, between grace and expectation, image and feeling seem heightened when the two images, the photo and the chart, interact on their pages.

Just as the medical chart questions relations between nature and code, and de-naturalizes relations to the self, so the rites of lovemaking, companionship, and social relation teeter on the limits of the social and the natural. An awkward young shyness diffuses the figures on the ground. The young woman's hand is in motion, blurring the photo: would she touch, connect, move toward herself or toward her companion? The blur vibrates between the two figures; it fills the gap between them.

In Barthes's description of the medical chart, the glue, the paste becomes the one object that he can fasten on, ridicule, make fun of, point toward, and use to deflate the authoritative nature of the chart's decree. The pasting is a joining together of paper pages, pointing toward the materiality of the chart as an artifact rather than a transparent account of his bodily being. Toward the left-bottom corner of the photograph in Barthes's book, that is, the very top of his medical chart, is a crease, running the length of the image. Like the paste, which I can't see, but which I can imagine in the darkish stripe at the right hand of the image, these traces of the matter of the paper destabilize the medical information into a historical document, a trace of time, like the flaws in the medical trauma footage described in chapter 2. When Barthes speaks of "yards of them," of sheets, I, as the reader reading in a writerly manner, imagine coils of paper waving in the air as a young intern in a quiet corridor in a sterile sanatorium attempts to read to the bottom of the chart, surveying the diagnosis of one Roland Barthes. The motion of paper, stiff and yet arcing into the air, denies the geometric lines of corridors and hospital rooms—all evoked by that one word, *farcical*.

Similarly, the trace of motion, of an excess not captured by the camera's eye, shimmers in the space between the young woman and the young man. In this shimmer, the solidity of shy repetition and social convention can hold on to a futurity where not everything is written, decreed, encased in social ritual. A fantasy of movement: a hand is moving toward an unknown aim, bodies are on trajectories outside the charts, and, in an off-space opened up by the interplay between word and image, charts are weaving elegant patterns in the air as they overwhelm the reading capacity of the young intern, glide out of his grasp, crash onto the floor, and

disintegrate as the oldest bone glue gives way, the months tumble into one another, and sequential ordering is lost:

“Which body? We have several.” I have a digestive body, I have a nauseated body, a third body which is migrainous, and so on: sensual, muscular (writer’s cramp), humoral, and especially: *emotive*: which is moved, stirred, depressed, or exalted or intimidated, without anything of the sort being apparent. Further, I am captivated to the point of fascination by the socialized body, the mythological body, the artificial body (the body of a Japanese costume), and the prostituted body (of the actor). And beyond these public (literary, written) bodies, I have, I may say, two local bodies: a Parisian body (alert, tired) and a country body (rested, heavy).¹⁴

Bodily fantasies: as always, Barthes provides a rich source to the curious reader. In this passage, titled “Le corps pluriel” (the plural body), Barthes’s play with the absences in photos and medical charts spins on. The sanatorium’s rest cure echoes on in his two localized bodies, in his two lives, Paris and the country.¹⁵ Between the body of layers, digestion, nerves, muscles, blood, and lymph and the body as embedded in geography lies another register: the body as a social silence, with a rich emotional life, and the body as art mask within the social contract, prostituting (how strong a word) the conventionalized traces of emotions to a social sphere. Silence and clamoring, inward and outward: these dichotomies frame Barthes’s short paragraph on bodily multiplicity.

Just as my reading of the images highlighted the phantasmic play of associations, and the space of oscillation and movement in the writerly text about social and medical doctrines, this passage invites me to think about the meeting place of all these different bodies. What is the “I have” that prefaces the enumeration? “I have, I may say”—the having of multiple bodies is an act, a temporal action, and in enumerating, Barthes draws attention to the act of writing itself, the writer’s cramp (an act of evocation echoed by Derrida at the beginning of “The Law of the Genre,” when he repeats “I say”). And of course, the “I have” of Barthes’s writing is immediately broken up, realigned, split in a move of agency from the writer to the reader, to this reader, and to my own engagement with the text, which is no longer his, which is no longer “had” as a body of writing by one, by the author.

The multiplicity of bodies stretches across the biological boundary like a contagion. It now embraces the reading body of another. It is now this other body who might just check her own bodily being, her own position on her spectrum between alert and tired, rested and heavy, becoming aware of how the words *alert*, *tired*, *rested*, *heavy* signify nothing but their being markers that cannot encompass the complexity of experience. The gaps between experience and words, between one being and another, both step into view and yet also push forward my sense, my fantasy of Barthes’s writing, of his fingers holding a pen, and of a migraine pushing

at the limits of his thoughts. Receding and yet hovering ghostly above the scene of reading, Barthes's body exceeds the photos, charts, and texts.

In these readings of Barthes, photos, charts, and texts emerge as traces of bodily being, and at the same time as meeting grounds and intersections of different desires—the multiple trajectories within author and reader, and in the field among them. Contagion, loss of agency, loss of boundaries: these specters of the sanatorium are turned into a generative principle in Barthes's body of work.

OPENING THE GATES OF THE SKIN: THE LEECHES' GIFT?

Bodily fantasies: multiple bodies, a body among others, connection, dis/connect, body/animal/human. A related play with sites, sights, and the transposition of affect from one body to another, enacted literally through the opening of the body's skin, emerges in Kira O'Reilly's performance practice. The Irish performance artist uses cutting and scarification as important elements in her work. In her performance *Bad Humours/affected* (1998), O'Reilly opens herself up to the world.

The performance takes place in gallery settings. She prefers this performance to be an event that takes place alongside a reception, or some other event that means audience movement: she never performs this action on a stage.¹⁶ Also, she has stated that she prefers to engage in this performance as one event among others, for instance, as part of a gallery opening or a reception, where people engage in



Kira O'Reilly with Eve Dent, Bad Humours/affected, Bonington Gallery, 1998. Photograph by John Morgan.

conversation, take food and wine, as well as visit the artwork on display. In the midst of the bustle of these social events, she lets herself be opened. At the beginning of the performance, she kneels down, in the middle of a room, her lower body draped in a five-foot-long white cotton skirt that hugs her body before flaring out into generous folds. Her upper body is uncovered but folded over itself. To the gaze of audience members attempting to find a position in space and a social position toward her naked body, her breasts are shielded by the large expanse of her rounded, white back and by her arms.

Her female assistant soon begins to bring out the other performers for this evening: leeches. One dark, moistly glistening tiny creature moves slightly between the assistant's fingers. She lowers it toward O'Reilly's bare back, and it makes contact. As people stand around, vaguely uncomfortable and yet fascinated, the small, wet creature begins to attach itself. The mechanism is invisible, but watching this



*Kira O'Reilly, Bad
Humours/affected,
Bonington Gallery, 1998.
Photograph by John Morgan.*

back and this worm, I noticed images of teeth and knives flash briefly through my mind, dragging up some childhood memories or fears, but more than anything, a curiosity that precedes the taboos of adulthood.

Leeches have strong emotional weight. The English language contains expressions such as “to leech off somebody” and equates this with a form of stealing from somebody, to suck out the life blood. Vampires, swamps, brutal nature: these are the images that seem to occur to many people to whom I describe the performance. All of these concepts seem to come to mind much more readily, at least for most, than the other cultural history of leeches, and their medical history as benevolent helpers, blood thinners, bloodletters, vehicles of release and exchange in the age of European humeral medicine. Like Barthes’s medical chart, which morphed into the prison bars and into time markers under the reader/writer’s gaze, the different emotive readings of the leeches’ interactions with humans converge on the unwritten page of O’Reilly’s white back, and on the black mark (metaphor/animal/other) that now wriggles and twists on it. Why this strong emotion in relation to this tiny animal? Why has Western thinking about leeches so hystericalized the creatures?

In order to answer this question, I shall follow the argument of Teresa Brennan, and track a specific slice of cultural history’s engagement with bodily boundaries and their breaching. In the first part of *The Transmission of Affect*, Brennan traces (quite quickly) different ways of making sense of social affect: the transmission of emotional states in a social environment. How is it that “atmospheres” affect us? How can sadness be handed on, why can we feel the emotion “hanging in the air”? In particular, she is concerned with the convergence of social impetus with biological effects, and with the different valuation different historical periods ascribed to these moments of transmission. She traces how different knowledge projects inflect the notion of the self-sufficient, enveloped subject as its basic and healthy specimen. For her, “the self-contained Western identity has to be a construction and . . . this construction depends on projecting outside of ourselves unwanted affects such as anxiety and depression in a process commonly known as ‘othering.’”¹⁷

Some of the mechanisms of this construction include the projection of negative affect, fantasized outward, onto the other, whereas positive affects are internalized, are made to have their origin in the self, all in aid of negating the influence others have on the emotional makeup of the self. In this specific way of making meaning of self and society, ongoing affective transmission and the instability of the subject’s psychic and physical boundaries cannot be thought of as a constructive aspect of human life. This way of thinking about the emotional household of the subject is at odds with other historic knowledge projects. Brennan points, for instance, to the animal magnetism debates of the eighteenth century, and to studies of “the group mind” and crowd thinking. The act of fantasy—projecting, incorporating, and repressing affects—is, for Brennan, the brake on life energy. In very

short sections on different medicalized disorders, her reasoning sounds like a re-invention of humeral theory, with its thinking about fluid balance:

Attention-deficit/hyperactivity disorder (ADHD), chronic fatigue syndrome (CFS), and the disease of painful muscles, fibromyalgia (FMS) . . . are all disorders of attentive energy: either the absence of energy, as in chronic fatigue, or an excess of it, imbued thoroughly with the affects of aggression as in the impulsive-hyperactive form of ADHD.¹⁸

This theory of energetics regulating the relations between subjects, paying attention to social environments, characterizes the exact mechanism of transmission as a chemical entrainment, citing hormones, pheromones, or other intrabody signal carriers as likely “actants” (to use Bruno Latour’s term for nonhuman participant-actors in the enlarged social sphere).

Brennan’s argument combines group mind psychology, feminist psychoanalytic arguments against the necessity of distance for subject formation, and vitalist ways of thinking about energy and vibration. At the heart, she queries the individual, bodily boundaries, and the division between physiology and psychology. This way of focusing on social interaction can help to make sense of the deep emotions that audiences bring to O’Reilly’s performance practices. Contagion has strong emotive power: blood has become a core site for contagion fantasies, both in historical race debates (“one drop of black blood . . .”) and in the social reaction to the AIDS epidemic. But to use Brennan’s argument, contagion here is not just the medical fantasy of infection but also the psychologically based fear of contact with the other. Bodily boundaries are meant to be solid in this conception of individual bodies. O’Reilly herself writes about her attitude to the skin: “The permeable boundaries of the skin membrane defy it as an impenetrable container of a coherent or fixed ‘self.’”¹⁹

In chapter 1, I analyzed how breached boundaries can become sites of abjection. But O’Reilly’s performance does not emphasize its openings in a way that embraces the traumatic and the disruptive. Her action is passive and yet serene. She doesn’t act as if she were in pain: a cut by leech is not (usually) painful. There’s a contradiction at work in the show: no high drama and focused light and stage machinery expose the spectacular taboo (different from Italian performance artist Franko B, for instance, who drips large quantities of blood out of his veins on a white catwalk, accompanied by flashing lights, in high-drama mode). The performance isn’t in the everyday—it is framed by the gallery context—but most audiences will be (intellectually, if not emotionally) aware of the history of leeches, and their everydayness for large stretches of medical history.

O’Reilly’s face is impassive: we do not know her emotions by reading her face, looking for clues. So we have to face the opening of someone else’s body and have

to address the charge of atmosphere that settles in the gallery room. Concentration, fascination, attention—these charges settle on the audience, communicated not just by the half-naked woman kneeling in the room, taking up little space, with no physical action to command our attention. Being a witness to the event, the mechanisms of witnessing foreground themselves: the silent communication, the orientation of bodies, the waiting. This performance takes a long time, too long for many to stand still. Breaking in and out of the social contract of spectatorship is part of the show, made doubly possible by the environment of the gallery, with its rules of spectatorship that combine the *flâneur* passing by and the theater spectator in the dark.

O'Reilly supports two leeches during her performance; two thick commas bloom on the white back. The leeches' action takes time. As they begin to detach themselves, sated, a thin stream of blood begins to sneak out from under these black, round bodies. Eve, the assistant, removes the swollen small bodies, which had rolled into the folds of the skirt, and returned them to a water-filled jar. In front of the audience, O'Reilly keeps kneeling, two small holes in her back, with blood now freely coursing down her back and into her white skirt. The durational performance continues.

Performance artist and curator Robert Ayers describes his strong emotional reaction to this part of the performance with these words:

They are leeches. And for something like the next hour or so they proceed to do what leeches do once they've violated human flesh: suck blood. People in the audience stand around transfixed, sipping, with perhaps waning enthusiasm, at their glasses of red wine. . . . Each one leaves a blood-red circular penetration, like a neat bullet hole, in O'Reilly's back.²⁰

Ayers's language points to the register of violence: violation, penetration, bullet hole. He describes the slight discomfort of the audience (and his own), setting up some interesting harmonics between the sucked blood and the red wine (and the harmony extends for me, encompassing also Barthes's tuberculosis, the notion of consumption, and Poe's fantasies of beautiful dead women walking).

But the scene is calm; no shot has been fired. The gun is one of the many ways that a rich writerly attention can fill the absence of clear theatrics, clear signs, in this performance. Is this blood, this wounding, a locus of terror, or a strange mass of another kind of affective relation? Let me focus on the kinds of exchanges that are going on as leech saliva and human blood mix, as leeches and guests take their nourishment. Is this a shared ritual where wine and blood become signs for communion? Maybe wine and blood are merely camouflage, dress props that point metonymically to that chemical entrainment Brennan referred to. Of the body, and incorporated into the body, wine and blood and their different positions on the scales of contagion and chemical penetration can act as signs toward the creation

of a performance space and time that is predicated on the physical presence of these bodies. But far from claiming an easy alignment between presence and performance, I wish to create a different arena for making sense of bodies that intersect the scene. O'Reilly's open body, and the other bodies on her skin, the bloated leeches, reveal a vista onto a different knowledge project, one that aligns well with Brennan's critique of the bounded Western modern subject: humoral theory, as in O'Reilly's title, *Bad Humours/affected*. O'Reilly isn't shy in citing the far-reaching implications of her performance for different medical practices:

Over the last two years the medical has been a primary source of research. In my last three major works I have used old medical blood-letting techniques on myself by way of a bodily utterance or articulation; invoking notions of trauma (a wound) and stigma (a mark) towards a "spoiling" or opening of the body suggesting an alterity or otherness. Medical discourse has long dominated a theorizing of the body within Western society. Among other things my work questions this exclusivity.²¹

In the larger view of history, humoral theory held a much longer sway on medical practice and public thought than the tenets of cellular and genetic medicine. Humoral theory is a complex and elaborate system of thinking about bodies within their wider environments. It is based on an understanding of human bodies that sees them as an extension of the world as a whole. The body, like the world, is made out of four substances: earth, water, air, and fire. In balance, these elements allow for human life. The humors are the four liquids that are connected to the four elements. These are the principal fluids of the body, called humors (from the Latin *umorem*, fluid): black bile, phlegm, blood, and yellow bile. Livingston describes how these humors were related to elements, using sensory impressions of likeness as guides: phlegm is cold and wet, so it is made of water, for instance.²² This system of likeness also pertained to the body as site (phlegm is associated with the lungs) and with the body in time (winter is associated with phlegm).²³

This theory of the makeup of human bodies, human minds, health, and illness managed to dominate aspects of medical thought from antiquity through to the nineteenth century. It still holds on to authority in areas of popular culture, and many popular cultural medical practices have connections with it. Like all knowledge projects, it changed over time, mixing with other ways of knowing, sometimes in contradictory fashion.

Watching the performance of O'Reilly and the leeches, these issues of mixing at the place of liminality insert themselves in my consciousness. Can I smell the coppery smell/taste of blood, using metallic metaphors to get close to sensory communicability? Metal/blood, animal/human: cyborgian possibilities seem to unfold in my reading practices. The taboo of the piece lies, among other things, in the mixing

of human agency with leech agency. Eventually, the medical world developed artificial leeches to overcome the disgust some people felt at the thought of critters invading their personal space. O'Reilly's back is a writing surface for a contract between animality and humanity—so different from the skillfully, agency-full forged metal of a bought knife blade entering human flesh. The piece is durational: it will stop when the leeches have had enough. O'Reilly has not only given (s/m) permission to her helper, but also to the leeches.²⁴ They are placed on her back in such a way that she could not easily remove them, even if she wanted to.

The slow ritual brings yet other past knowledge projects to mind: alchemy and the union of opposites in the creation of something radically new. Between the leech and the human, what emerges? Eventually, the blood, thinned by the leeches' gift of anticoagulant, runs thinly over the white back. The materiality of bodies comes into view, as these substances, firm skin and liquid blood, create patterns and rivulets (and the pattern of thin blood on flesh might well mean something different to men and to women). Like automatic writing, or like some of the ritualistic practices of abstract expressionists, control is denounced (in a carefully controlled environment), and marks fall where the material demands it. What has been expunged, excised, added, or shifted during this performance? What blood sacrifice have all the spectators, willingly or not, participated in?

Sacrifice, and the relation between ways of knowing and communicating, often seems at the heart of performance artists who use blood in their work. Gina Pane was a Franco-Italian performance artist who in slow and meditative performances inserted foreign material such as thorns into her cut skin, while wearing white clothing and holding bridal bouquets of roses against the cuts. The out lesbian artist presented the 1973 *Anzione Sentimentale* at the Diagramma gallery in Milan to an all-woman audience (like Carolee Schneeman's first performances of *Interior Scroll* two years later). In this work, she sits on a gallery floor and extends bloody flowers cut into her palms to her audience, while texts that speak about her relationship to her mother fill the audio space.

The fifteen documentation photos of the event (shot by Françoise Masson) present her body as a vehicle for flowers and buds; the language of flowers, a (more or less) superseded form of knowledge associated with femininity, here draws blood, bridal white, and blood red, echoing aspects of female experience in traditional settings. Low on the ground, this quiet action mirrors O'Reilly's martyr-like kneeling pose. Arms extended, Pane reaches out; in O'Reilly's piece, it's the holes in her back that most clearly connect to the space and the (non)human beings surrounding her, as her gaze and her hands remain turned downward, and private. Melancholia and nostalgia seem to flow from Pane's images, and there seems a similar search for a form of purity at work in the stark and controlled actions surrounding O'Reilly's body.

In humeral medical practice, the patient and doctor were not removed from the living sphere, into a hospital. Instead, many representations of humeral application focus on the circle of family and friends, on the everyday of medical practice. Bloodletting was one of the main ways in which humors could be balanced, together with other techniques such as enemas and induced vomiting. The practice of bloodletting was widespread, and the knowledge surrounding it wasn't necessarily specialized and commodified, as the agents of bloodletting (such as leeches) were quite freely had in nature.

The leech was one of the principal agents used to intervene in human bodies and their balance with their spatial environment (the specific humeral makeup of a location) and their temporal frame (the humeral auspices of the Zodiac and astrology). The name of the worm is synonymous with *doctor* in Old English, and leech-books were doctors' almanacs that cited the star and moon times that would benefit certain extractions and additions. Leeches were everywhere: once the natural leech population was seriously depleted after millions of leeches had been used, nearly driving medical leeches to extinction, leech farms in France and Germany would provide millions of the small wriggly worms to other European countries, and elaborate leech jars provided housing to the critters.²⁵

In working with leeches, O'Reilly cites over a thousand years of knowledge, accumulated lore, and everyday practice. In other performances, O'Reilly also refers to this way of knowing the body. She uses cupping techniques in *Wet Cup*—that is, O'Reilly attaches heated glass cups to her body, thereby drawing liquid through her skin into the glass. Later on in the performance, these skin patches are cut, and more liquid collects in the glass cups.²⁶

While these cutting practices upset some audiences, O'Reilly's work seems to have been received overall with less controversy than Italian artist Franko B's and U.S. artist Ron Athey's contemporary cutting performances. Hysterias surrounding HIV/AIDS are still mainly focused on male cutting (and on the rather more copious amounts of blood that tend to flow at these two artists' spectacles). O'Reilly's gender might be one reason for the relative dearth of protests, as is her quiet presence on stage. She has had her share of trouble, though, and HIV tests, among others, have been demanded of her:

Blood is still considered an agency of taboo and abjection; one work triggered perhaps unconscious and unspoken fears last year when I attempted to show *Wet Cup* in an institution (by their invitation). Unused to dealing with work of this kind, elaborate and comprehensive lists of health and safety requirements were presented to me, including: ". . . the performer's current psychiatric state and state whether there is any previous medical history of psychiatric or psychological conditions. Results of blood test confirming Hep B, Hep C and HIV status and the result of a full blood count must be issues."²⁷

One of Athey's performances involves his cutting the torso of a black coperformer, and the racial undertones of the performance are deliberately heightened by Athey, who identifies as a modern primitive artist citing ritual African tribal patterns as sources for his scarification work. But it's the fear of contagion that whips media reports of Athey's work into a frenzy. At the Walker Art Museum in Minneapolis, for example, Athey performed a piece called *4 Scenes in a Harsh Life* (1995), which involved dabbing the wounds of his partner with tissues, and then stringing these tissues on a clothesline that suspended above the audience (similar practices of creating trace remnants, "marks," are embraced by O'Reilly and Franko B as well, and surgery artist Orlan sells wads of her flesh encased in glass). Carrie Sandahl describes the mythmaking occasioned by Athey's cutting:

The Minneapolis Star Tribune printed an inflammatory article on the incident, written by a reporter who had neither attended the performance nor seen it on video. The article claimed that during the performance audience members, fearing that HIV-positive blood would drip on their heads, fled the theatre knocking over chairs in their attempts to escape. . . . Athey explained to his critics that Darryl Carlton, the man on whom Athey performs the scarification ritual, is not even HIV-positive.²⁸

Blood incites hysteria, and even if it isn't HIV/AIDS fears that mobilize the newspaper's breathless account, historically a black man's blood had at least equally potent powers to upset white America's sensibilities and throw bodies and their categories into question.

This historical fear is recrystallized in the equation between Africa and AIDS in the '90s, during the time period in which Athey performed the piece. Playing painfully with these boundaries, Athey, a white man who is HIV-positive, and Darryl, a black man who isn't, present their bodies: "Athey's radical cyborg identity is a temporary mode of survival, an alternative way of being in the here and now. A body not interested solely in cure nor submissive to medical intervention."²⁹ It is also a male body. Just as O'Reilly's leaky practices connote female biology, Athey is happy to wallow in equating his bloodletting with other male emissions. On his Web site, he describes himself and his love of the cut in ways that connote sexual satiation and orgasm: "The sight of your own blood, brought forth from your own hand, spells an almost immediate relief, a release to the pressure valve. It's a violation that you yourself now control, providing a temporary satiation which stifles the nauseating screams and endless insinuations of a world turned inside out."³⁰ Breaking taboos and using the shock effects of cutting and blood disrupts narrative accounts and focuses the gaze on the bleeding, live bodies on stage: man-beasts, man-machines, wounded masculinities.

O'Reilly's strategies differ from these stage spectacles. O'Reilly's reference to medical practices or, in the case of one performance where she cross-hatches her

whole body with small, bloody marks, scarification and aesthetics threaten the blood somewhat. Her performances shock, but quietly. Atthey uses hypodermic needles on stage: in *Harsh Life*, he inserts (empty) large syringes into the arm, citing bloody practices on the margins of social acceptance. O'Reilly performs her actions while the punters sip wine; she displaces the chemical drug onto the spectators' bodies, thereby querying issues of contamination and penetration obliquely. Drugs circulate, take effect, and change perceptions.

The leech piece did generate much publicity, though, and many people who seem able to be a witness to cutting practices are revolted at the thought of leeches wriggling in human blood on bare backs. The little critters have now a very bad rap indeed—a hindrance in introducing both them and other earlier medicinal helpers, maggots, back into contemporary Western medical practices. Contemporary Western medical practitioners do recognize the value in both of these creatures: like aspirin, they work wonders, without scientists being necessarily able to account for the reasons. The leeches produce anticoagulants and may produce painkillers (opinions are divided), and maggots are useful in the clearing of wounds, a fact known in European practice since the sixteenth century.³¹ Some scientists go to interesting lengths to work on the little creatures' image. One leech researcher writes about them:

In point of fact leeches are remarkably beautiful. The North American medicinal leech, if anyone bothered to look before tearing one away, is decorated with orange and black polka dots on an olive canvas; the European leech of bloodletting lore has intricate ruby and emerald patterns running the course of its body, and all are among the most graceful of swimmers, plying their watery environment with sinusoidal waves of motion as they stealthily track their targets. One whole family of leeches, specializing in turtles and frogs, exhibits as much or more parental care as any bird; not only brooding over their young while they hatch, but carrying their offspring to their first bloodmeal, ensuring a head-start on life.³²

Cute, caring, graceful, and beautiful: the image aimed at in this paragraph seems singularly designed to counter the ideas of worm, slimy, bloodsucker, and leech. But alas, to little avail: the "bloodmeal" undoes the good work and seems to refer right back to the language of vampires, Stoker's *Dracula* and poor Mina Harker.

Since the popular fascination with sexual/bloody practices of vampires in the nineteenth century, coming into the public eye at a similar time as the decline of bloodletting as an everyday practice, the bite is taboo.³³ Puncturing bodies is now an act of high anxiety: what seems to have been usual for many people for hundreds of years is now a point of deep revulsion. Whether syringe needles or leeches: breaking through the skin barrier is beset with anxiety for many people in the contemporary Western world—in a post-AIDS world, these fears have further spun their web around popular medical practices.

This double address of revulsion and drawing together as performance audience works well in Brennan's terms: the strong affect of revulsion communicates itself physically, sets the scene for an encounter that at the same time creates the aura of curiosity, the spectacle, the extraordinary event. And it's a woman's body that centers both revulsion and curiosity—a deeply familiar story in gender relations, where female blood and menstruation, blood coming naturally out of holes, is one of the strongest taboos in many cultural histories. *Wet Cup* also plays with other ways of being female in medicinal history: as a vessel, a cup, as a wet, cold place to the man's hot seed, to the spark of life that unfolds in the miasma of the matrix, the female body (the bad humors of her piece's title, maybe).

The unspeakable woman emerges in the small commas, these quotation marks, carved on O'Reilly's back. Brennan's notion of projection, projecting negative affects on others, can be seen at work in this play with gender stereotypes, and also in the charge of atmosphere noticeable in the gallery environment: "Boundaries, paradoxically, are an issue in a period where the transmission of affect is denied."³⁴ What used to be ordinary (and is known to have been ordinary by many people, whether academically educated or not), becomes extraordinary, an event, a transgressive spectacle exactly because transmissibility across bodily containers is under erasure. At a time when popular memory still retains stories of toads visited at midnight to heal warts, the little leech becomes a hysterical object, transgressing a borderline. To cite de Lauretis, the leeches on the woman's back, and the presence of the rituals of humoral theory in a contemporary Western gallery setting, are traces of the "space-off"—the places outside the viewfinder, the places that contaminate the narratives of bodily integrity.

The oozing blood of a woman, the unbalanced blood of bad humors, and the hystericized unsterile opening of a body all oppose easy assimilation. This is not the scholarly recitation of a history of leeches: this past is enacted on a living body. This is not a ritual: it is taking place in the distance-creating environment of a gallery, not a (temporarily) sacred site. As the spectators grow uncomfortable standing, witnessing, and sipping, the discomfort of bodily presence can press upon them. In this performance, the practice of signification becomes experiential, not as an original, natural body preceding representation, but as *practices*, actions with "actants," often contradictory and overlapping. These historically specific practices of making meaning shape our emotional attitude to body openings, leeches, and blood.

In the scene in the gallery, Barthes's scenario of multiple selves and intersecting histories unfolds wider: the scenario of intersecting states now encompass bodily being, affects (of revulsion and attraction), knowledges and emotions, and bodies that become literally permeable, with both blood and the more ephemeral stuff that might be hormones leaking into a charged atmosphere. Watching these strange substances and historical moments mingle, I experience the delicious movement

of red wine on my tongue and intermingling with my blood stream. The tension toward the space-off, the viewfinder hesitating, creates a seduction of curiosity.

PLAYFUL INVITATIONS: THE BODY'S HOLES

Issues of power and agency in relation to loss of control and intersected bodies are also at the heart of two other artists' engagements with medical settings: Stelarc's *Stomach Sculpture* and Mona Hatoum's *Corps étranger*. Stelarc is an Australian performance artist who is a familiar presence in body art discussions. On his Web site, he writes:

The body is neither a very efficient nor very durable structure. . . .

It might be the height of technological folly to consider the body obsolete in form and function, yet it might be the height of human realisations. For it is only when the body becomes aware of its present position that it can map its post-evolutionary strategies.

. . . THE BODY IS OBSOLETE. We are at the end of philosophy and human physiology. Human thought recedes into the human past.³⁵

His pronouncement that the body is obsolete has been a rallying cry for many contemporary performance practitioners interested in the intersections between (new) media and human bodies. But like all rallying cries, the condensed rhetoric (usually quoted only in the one-sentence statement "THE BODY IS OBSOLETE") leads to a flattening out of argument. In more recent interviews appearing in print, Stelarc is at pains to frame his famous statement and to argue that it's not as easy as "discarding the body." He qualifies the notion of obsolete bodies:

What irritates me is people who see the Internet and virtual reality systems as strategies of escaping the body. You don't escape the body; you function differently with the interfaces that produce these immersive and interactive effects. You construct an extended operational system that functions beyond the biology of the body and beyond the local space it inhabits.³⁶

Beyond biology, and beyond local space: in his performance practices Stelarc employs various methods to escape, to embody his body-to-come, to en flesh metaphors of becoming and "assemblages" (to use psychoanalyst-philosopher Guattari's term for the nonhierarchical coming together of divergent technologies/bodies into new technology/body machines).

In the opening essay of a book about Stelarc and Orlan, another performance artist investigating performances on the limit and in the flesh of her body, Mark Poster presents Stelarc's work as a meditation on Heidegger's questions about technology's effects on human essence. In *Fractal Flesh—Internet Body Upload Event* (1995) and *Parasite: Involuntary Body and Internet Upload* (1998), Stelarc uses the Internet as

an interface device, sending electric impulses through his body. Poster writes guardedly about these performances: "One may easily dismiss Stelarc's performances as scientifically off-base, morally repugnant, politically naïve and psychologically disturbed. Yet they dramatically draw our attention to the fate of the body under the conditions of global connectivity."³⁷ In his brand of Heideggerian perspective, Poster offers up a phenomenology of the "fate of the body" in his reading of Stelarc's performance ideology: "Phenomenologically, our bodies are out there extended through the infinite wires and radio waves that criss-cross the planet continuously and in ever-increasing density. Our being-in-the-world, to echo Heidegger's term, is now as a body draped over the globe."³⁸

This blanket statement confuses me and brings me back to the problem of "our bodies." Writing of the body, or multiple, differentiated bodies, and of the I and the we, provides unsure footage for me. How do I sum up, when do I use a *we*, in particular when I talk about mass-mediated material? As discussed in relation to art historical responses to Bob Flanagan, another "sick boy of performance art" (to use Linda Kauffman's descriptor),³⁹ different phenomenological schools have been extensively critiqued as offering an "ideal" or "general" body, an undifferentiated body too often by default white, male, middle-class, and nondisabled. Whose body is this?

When phenomenologist Alphonso Lingis talks about the fantastical extremes of body imagery and phenomenology in the age of the Internet, he undercuts his discourse by utilizing a kind of erotic magic realism in his language. Citing French archaeologist André Leroi-Gourhan, Lingis talks of the orchid bodies of pure spectators, "huge eyes feeding massive brains," tiny, atrophied bodies dangling beneath these petals, our "huge showy sex organs."⁴⁰

Poster's statement is much more sober. But whose phenomenological experience is it, actually, to be draped across the globe? What weaving (crisscrossing) of cloth makes this particular paragraph possible? Is it just my own trickster reading that reads a bed sheet in the drape, a curtain hiding the voyeur? Let's face it: *intersections* is a good name to give to sexual intercourse, intersecretions, intererotics, and Internet sex. And thus, left out of the loop that allows for a universalized experience of being "draped across the world," something that does not chime with my own knowledge of embodiment, I am free to fantasize about the position that can so forcefully name its specificity as a generality, and my fantasies turn on the Freudian joke, bringing sex into the arch practices of academic citing.

And giggling about a body draped over a docile globe segues me over to other giggles (and other spectator fantasies, reimaginings, and memories). I remember watching Stelarc at play with his third arm, a mechanical prosthesis that he attaches to muscle stimulation pads, making the arm move as technicians, and often audience members, give electric signal commands. The hand goes where it will, touching

what it wants, groping, inelegant, an awkward toy. Stelarc brings this hand into classroom workshops as well and lets others play, and inevitably genitalia are touched, inadvertently or not, mates grin at one another, and slightly forced as well as open audience laughter characterizes every time that I have seen him perform, teach, or lecture.⁴¹

Stelarc's performances aren't easily divided from Stelarc the performer. The force of his presence opposes any sense of displacement or vanishing of this man who professes his desire to lose himself, to open himself up to a control outside his own, to vanish his obsolete body. Stelarc is well anchored in the world by his deep and unexpected laughter (infectious: transgressive, expansive, making my mouth twitch). Stelarc's carnival laugh makes possible the risqué nature of many of his third arm presentations and the grotesque balletic movements that might be uncomfortable if they weren't funny—all this play with body extensions and with taboo zones. In his laughter, his body disjoints and congeals, lets down its guard and erects its aliveness.

A different kind of funny, another aspect of the carnival, is activated in another one of Stelarc's performances, the *Stomach Sculpture* (1993). Here, the joke is gross and has to do with saliva, vomit, puking, probing, and “unnatural” penetrations. The performance plays with the hollow body: the loss of distinction between public and private and between ownership and infection/infiltration. Institutionally,



Stelarc, *Stomach Sculpture—Hollow Body/Host Space*, *Fifth Australian Sculpture Triennale*, National Gallery of Victoria, 1993. Photograph by Anthony Figallo. Courtesy of the artist.

the limits of art and medicine are explored: like Orlan's surgery performances, this performance required medical personnel and technicians to be involved. Here is how Stelarc discusses the performance on his Web site:

DESCRIPTION

- (a) Structure—a domed capsule shell containing a worm screw and link mechanism
- (b) Size—capsule closed: 15mm × 5cm / capsule open : 5cm × 7cm flexible cable: 8mm × 150cm

PHYSICAL PROCEDURE

- (a) The stomach is emptied by being denied food for about 8 hours prior to insertion
- (b) The closed capsule, with beeping sound and flashing light activated, is swallowed and guided down, tethered on its flexidrive cable to the control box outside the body
- (c) Once inserted into the stomach an endoscope is used to suck out excess stomach fluid and the stomach is then inflated with air

MEDICAL IMAGING

Documentation was done using video endoscopy equipment, the video probe reaching approximately 60cm into the body. . . . Even with a stomach pump, excess saliva was still a problem, necessitating hasty removal of all the probes on several occasions. Although documentation was attempted on three separate occasions, for medical reasons it was not possible to completely image the opened and extended sculpture inside the stomach.⁴²

No mention is made of this project as a collaborative event: no technicians, helpers, or engineers appear in this description anywhere. The description uses the passive verb form—something was done—but the doer isn't mentioned. The effect is sober, the style scientific, impersonal, general. *Stelarc* becomes a brand name, a postmodern seal extending beyond the limits of one individual and his desires.

And yet . . . something else leaks into the sobriety, the clinical detachment of description, the list. As in the Internet performances discussed earlier, the intersections of different bodies, human and human, human and metal, stomach and "self," are more than just an explication of a theoretical point about media and surveillance culture. The sober language becomes undone as it narrates its way past moments of bodily discomfort that can only be guessed at in the understatements "for medical reasons" or "hasty removal." The body/language is on edge: some equilibrium is deeply upset.

With this, the performance (and its description) references much older performances on the limits of endurance: swallowing the tube has aspects of carnivalesque rituals, or maybe frat-boy play, hazing rituals, and beer marathons. The accompanying image on the Web site shows Stelarc with his mouth wide open, holding the small sculpture like a hotdog about to go in. The small sculpture itself

has something of the science geek about it: it's not sleek, modern art, but, rather, it displays a technoaesthetic of functionality.

The *Stomach Sculpture* project is rather different from another well-known art installation utilizing the medical visualization techniques of endoscopy and colonoscopy, Mona Hatoum's *Corps étranger* (1994). Here is another body, medically transgressed and invaded, and opened up to the public gaze through the mediation of video. But Hatoum's installation is much more concerned with the aesthetics of audience engagement than Stelarc's performances, which seem more focused on showing off an experiment and are often accompanied by lectures and demonstrations.

Corps étranger invites me as the spectator into an inner space, a sanctum, a private conversation.⁴³ It is a quiet, small piece, consisting of two rounded walls enclosing an ovoid floor space that allows me to enter, but the space is tight, and I need to take heed of my occupation of it: in the floor is a video screen that I am in danger of stepping on, my feet violating and dirtying the artwork. Surrounding me in this niche are the sounds of breath and heartbeat. On the round video screen at my feet is the image of a pulsing mass, warm flesh tones alternating with darkness, liquid, undulations. Following the color changes, the shapes and shadows, I realize (and of course the exhibition information has prepared me for this realization) that

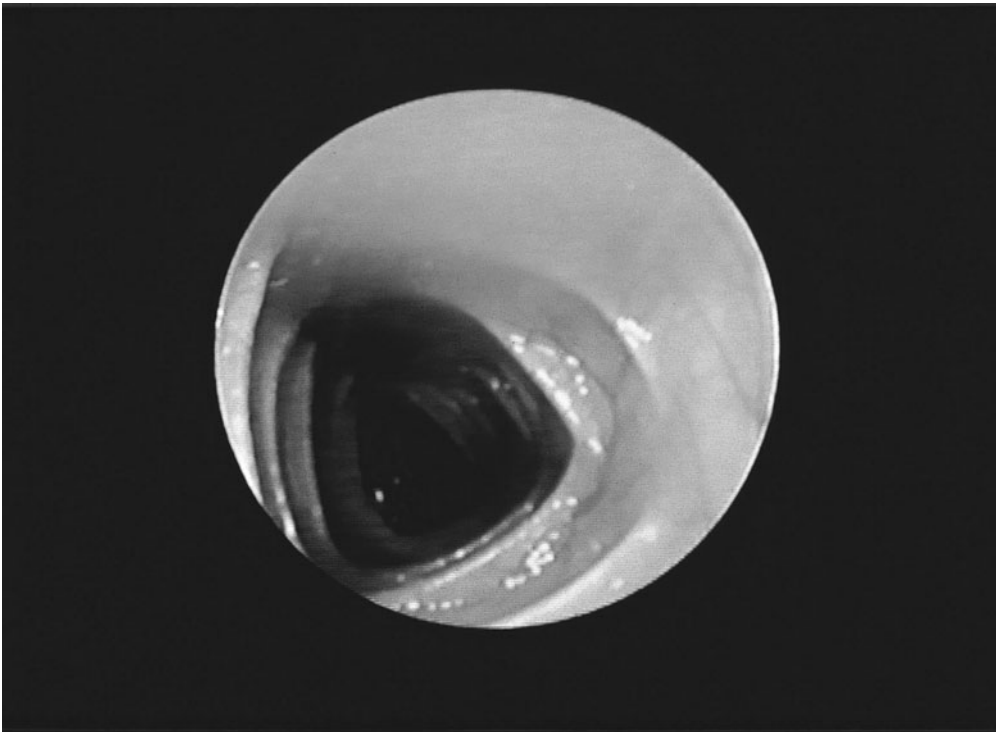
Mona Hatoum, Corps étranger, 1994. View of installation. Courtesy of Alexander and Bonin, New York.



I am looking into another person's body, following a miniature camera through various orifices into the interior of a body. And I can't step back. The round video eye, with a dark whole in the middle, is like a moving eye, looking back at me, and the white, smooth, curved wall is at my back, fixing me.

The experiences of witnessing Hatoum's installation and Stelarc's video/lecture about the *Stomach Sculpture* are very different. Each affect visceral registers, and my stomach reacts with a slight contraction; my emotional reaction leads me to an uneasy laughter in relation to one work, but to an aesthetic experience, and a visual curiosity, in the other. There is an interesting difference in the framing: Stelarc's how-to information is very much up-front, minus a naming of helpers, but Hatoum's technical setup remains shrouded, draping a veil of privacy around the penetration of her (female) body.

Concept and technical description dominate Stelarc's framing of his sculpture; visuals and kinesthesia dominate my experience of Hatoum's work. Hatoum's installation insists on my implication, my physical presence in the screening field. With these framings of laughter, discomfort, visual address, and intimacy with the delivery mechanisms (the video screen), both artists remove their work from the transparency of the medical use of these visualization techniques. Renée van de Vall discusses this point in relation to Hatoum's installation:



Mona Hatoum, Corps étranger, 1994. Detail of installation. Courtesy of Alexander and Bonin, New York.

In comparing Hatoum's use of endoscopic images with the way these images function in clinical practice, a crucial distinction between artistic and non-artistic use of images emerged. In clinical situations we try to avoid or forget or resolve awkward feelings, in art we cherish them. We enter an installation with the expectation of being affected and of treating our feelings as being part of the work's meaning.⁴⁴

In Hatoum's space as art space, I do not focus on "reading" this body for medical clues or information,⁴⁵ but I allow myself instead to drift in a realm of eyes, gothic arches, colonization, purity and dirt, intimacy and claustrophobia, and to be in wonder at the surprising muscularity and mobility of inner bodily space. Framed within the gallery, the intersection between this body and my body is painless for me (even if filled with delicious frissons of vague physical discomfort and remembered scenes of body horror).

In the two pieces, either laughter or aesthetic appreciation keep bodies shrouded—even the pulsing, moving shapes and the liquid-covered lenses aren't bringing me into contact. Coextensions, cohabitations in spaces-off are held at bay as the rule-bound behaviors of the carnival or the art gallery enter the scene and regulate the intersection.

But the delicious witnessing of color and shape is disrupted as other layerings of Hatoum's work enter into consciousness. Edward Said writes about Hatoum's work in the context of exile and political location:

Her work is the presentation of identity as unable to identify with itself, but nevertheless grappling with the notion (perhaps only the ghost) of identity itself. Thus is exile figured and plotted in the objects she creates. Her work enacts the paradox of dispossession as it takes possession of its place in the world, standing firmly in workaday space for spectators to see and somehow survive what glistens before them.⁴⁶

Exile: not inside, not outside, beholden, bounded. These conceptualizations of locatedness permeate the strange journey through a strange body, whose cultural difference to white, hegemonic histories of the London art space come into view fleetingly, momentarily, as filled teeth come into view.⁴⁷ Concept and spatiality merge, momentarily, collapsing me from art experience into claustrophobia. For as my wall touches the back and an alien force exerts itself on me, do I not feel the stranger's body?

THE VULNERABILITY OF SLEEPING BEAUTY

From these dizzy moments of bodily dislocations and vague discomforts, I wish to turn back to an intersected body using medical framings to capture another's

existence, another time, like Barthes's photos do/don't do in *Camera Lucida*.⁴⁸ In Emilia Telese's *Sleepwalking*, we also return to geography and time as themes that traverse medical framings and provide multiple intersecting states. Filial issues, the mainstay of psychoanalytic engagements of Oedipal and Electra-like desires, come to the fore, provide a script that allows one person to colonize another. Remnant personalities, echoes of *Psycho* takeovers, and other schizophrenia-fantasies about bad mothers and fathers and needy offspring emerge in the screen memory of a city. A woman is searching for a physical/psychical/writerly/performed connection with her father.

In November 2003, if you were walking at night in the city in Brighton, England, you might have found yourself drawn to a ghostly display in a window. As you moved closer to the glimmer and looked into the window, you would have seen, shining through the window of a dental lab, a forest scene with a sleeping beauty. At the same time, soothing sounds of bird sounds and forest noises being piped out onto the street would intrude upon your consciousness. In a video projection on



Emilia Telese, *Sleepwalking*, 2003. Video still from installation and catalog cover.

the back wall of the dental lab, a woman with dyed blonde hair lay curled up on the ground amidst a forest, asleep. You'd be in darkness, but she would be asleep in the bright daylight, a soft wind disturbing leaves around her.

Today's media scene has many different ways of disseminating information and impressions. Researching this installation, by Italian artist Emilia Telese, I found a blogger describing his visit to the scene. His commentary, in a different register from that of either an artist's self-description or a critic's discourse, allows an interesting glimpse into the scene (as well as an interesting glimpse into art's alternative circuits):

Many of the images, with the sun shining and a breeze blowing, looked idyllic, but watching the artist sleeping outside made her appear incredibly vulnerable. At the same time you couldn't help wondering if she was genuinely asleep.

In some ways the setting, a dentist's surgery window in the alleyway between Ship Street and Middle Street, overwhelmed the art. A background of drunken shouts is not conducive to something so subtle. It was also impossible to escape the thought "Isn't it odd to be looking at an art installation in a dentist's surgery window?"

Both John and I wondered if we were being observed while we watched the artist sleep. It was a wonderful and thought-provoking exhibit.⁴⁹

We are back at the scene of contamination and (chemical) penetration: alcohol fumes, dentist drills, the city and its underbelly, and the juxtaposition of the rural space of ritual and the hectic life of the city street. Full immersion isn't possible for the blogger: too many different signs and framings dislocate the "subtle" body of the sleeping maiden. Instead, he thinks about himself watching and extends in turn his attention to surveillance issues, and to the regulation of the (unruly) street scene.

In this site-specific installation, sites of cityscapes and sites of embodiment merge. The installation focuses on Telese, who, taking melatonin, a sleep-inducing hormonal medication, attempts to recapture the sleeping/waking pattern of her father during his last days. Shortly before he died of cancer, her father went on a walking trip to the New Forest, and it is in this location that Telese conducts her experiment, using enforced sleep over twenty-eight days to explore memory, emotion, connection, and a fragile out-of-body experience of touching the other. Exhaustion and somnolence: these two borderline states frame Telese's self-experimentation, as she disrupts her sleep rhythm and adjusts it with the hormone, searching for a long-gone connection.⁵⁰ When I see a little vulnerable figure asleep in the bright daylight on the forest floor, fairy tales and sleeping beauties rise to my mind, and with them the complexities of female sexuality, obsession, and generational conflict. Different ways of knowing bodies once again hinge on a performer's self/sacrifice.

In Telese's installation notes, Luca Becherini, an experimental psychologist, notes the effects of melatonin:

Melatonin is still a rather mysterious hormone, associated with sleep because its secretion is suppressed by light and coincides with sleeplessness. Melatonin regulates hormonal balance and manages the seasonal and reproductive rhythms. It is normally released from the pineal gland during the night, but in liver patients it appears to be released throughout the day. High levels of this hormone provoke sleep imbalances and cause patients to sleep during the day. An excessive activity of the pineal gland is full of fascination: because of its unique structure, the philosopher Descartes thought it was the place where the soul resides.⁵¹

The seat of the soul: the specific site of the intangible—the frisson of the dark side runs from philosophy to contemporary medical accounts of melatonin as mysterious and dovetails with its use in alternative medical practices and New Age self-medication.

Many people will encounter melatonin sold as a supplement when they fly across time zones, when they dislocate themselves spatially, since it is commonly used to suppress jetlag, to trick the body into accepting a different sleep pattern, undermining the site specificity of the body's location. With this drug, Telese tries to capture her father's rhythm. Since he had liver cancer, conventional medical knowledge tells her that an excess of this hormone was produced in her father's system. Taking the drug herself, Telese opens up interesting questions: is it body chemistry that ruled her father's state/her state? Is it the specific emotional openness that is set up by that chemical balance, by the dislocation to an unfamiliar place, and by the sense of temporality—her father's supposed looking back on his life, and her looking back on her father's life? And given that all spectators see is a projected video's light and shadows on a wall in a dentist's lab, how can we know about her state, her father's state? Sleeping, Telese presents a vulnerability that associates well with her regression to the "child." Curled up on leaves, with her blonde hair and her petite figure, she in her sleep has the abandonment of Peter Pan's gang. Her abandonment to her father's chemical, bodily, or emotional state speaks of a dissolution of ego boundaries that also echo psychoanalytic accounts of a child's direct connection to its caregivers—the permeability Brennan spoke about. At the same time, the moment speaks of the vicissitudes of desire within Freud's female Oedipal complex or Jung's Electra complex. In these penis-envy accounts, boundaries are not merely dissolved, they coalesce again and again around the magically infused phallus. In between these impossible places, Telese's sleeps and dreams speaks to me of Deleuze and Guattari's desiring machine: the implicated machinery that grinds moments of difference into the smooth narrative, creating momentary halts, space-offs, and breakdowns.

And there are more ways Telese opens herself up, playing with the (in)ability to know the other's experience. In the residency that led to the video projected nightly in Brighton, at ArtSway, an exhibition space in Hampshire, other elements

intersected with the video practice, among them medical sleep-monitoring devices. The visualizations of the monitoring equipment are exhibited with the images of Telese sleeping, creating two different remnants or traces of Telese's being-in-time, akin to Barthes's photos. Her body is more than one. It is the scene for her (memory of her) father, who was different at different times: biochemically different, different in terms of geographic location, and different in terms of time's passing. Telese hosts something of herself and of him, some memory, chemical process, some embodiment only (fantastically) knowable to her through the different knowledge patterns biomedicine offers her. And the spectators, watching her, see her more than once: in the visual, aural, hormonal traces of presence, and in the alternative presencing at work in the pinging and graphs of the medical visualization machinery.

My final example brings together many of the open questions this chapter has addressed. What are the relations between bodies, their spaces and times, and notions of bounded selfhood? How do images, medical translations of bodily states, and (knowledge of) chemicals mix? When the audience sees Telese in her sleep, what does translate and migrate to the spectator? And whose imagination frames this display: melatonin's medical framing, its hormonal nature, its nature as a drug (similar to the wine at O'Reilly's display), its interaction with two different bodies? Who is in control? Fantasies of bodily intersection governed Barthes's personal multiplicity, Brennan's feminist psychoanalytic thinking, O'Reilly's critique of medical knowledge projects, Stelarc's futuristic utopias beyond his own skin sac, Hatoum's critique of nude representation, and Telese's wish to experience her father, one more time, through a scene that juxtaposes female agency, Electra's patriarchal desiring machines, the uncomfortable memories of dentistry, and the street as site of bodily carnival/infection.

Something does seem to shift, in the witnessing of these performances and critical projects: a momentary dislocation, an imbalance, or the possibility of one (the blogger looked about himself, trying to find the camera watching him). I felt my stomach respond to Stelarc's narrative of gagging and my blood quicken in the presence of wine and blood. My writerly attention longs for these destabilizations, these reminders that there is a space-off, one that of course becomes commodified and systematized as soon as it is named. But de Lauretis's perception of the power of the space-off was not of it as a resting place: she was interested in the movement in between, the traveling.

It is this traveling, the intersection itself, not the endpoints of travel, that fascinate me about these engagements between medicine and art practices. These works evoke an awareness of the movement of eyes between photographs, of a

spectator's position in the gallery, of her intestines involved in perception and meaning making. And from this multivalence of the spectators' bodies as sites of action, the desire is outward: toward that other, open, desirous, in movement-toward-connection, opening up in ways that send shivers through me. There's multiplicity—not here, not there, and not in the naming, but in the slide between. Multiplicity opens up in the traces of living experiential to a desirous writerly reader/spectator meeting the texts, the bodies, the blood, the laughter.



5. Monsters, Cyborgs, Animals

CRASHES, CUTTINGS, AND
MIGRAINES



Myth ends up having our hides. Logos opens up its
great maw and swallows us whole.

—HÉLÈNE CIXOUS, *Coming to Writing*

THIS CHAPTER DEALS WITH AGENCY, the loss thereof, and the partial strategies that help artists to navigate in a world where ownership of bodies, aesthetics, and the right to one's representation are dubious and purity is unattainable. Taking heed of Cixous's warning, I will follow her path: just as she has called on the Medusa and her laughter, aware of Logos's power over this call, so will I trace a path through stories told with precarious ownership and hopefulness.

David Cronenberg's film *Crash* is a much-cited example of this play with loss of control. In a world of metal, cars, and motorways, an accident invades the hero's body (James Spader, playing a character called Ballard, named after the author of the book on which the film is based). He wakes up after an accident and finds himself in traction; metal, scars, dark crusts of blood obscure the boundaries of his body. As an essentially passive character, Ballard is sucked into patterns that undermine certainties about his bodily limits, confuse his sensory apparatus, and then eroticize these destabilizations. Around him, people live out erotic fantasies of car crashes, vicariously experienced in re-creations of famous accidents and through the wounds, scars, and prostheses of accident victims. Wounds, metal, mobility, skin, and flesh merge in strange commixtures, in a bronze that confuses nature and culture and that reflects shimmering images. But instead of focusing on the bleakness of this vision of a world that is "posthuman," where human bodies become fragile extensions of cars, airplanes, or medical machinery, Cronenberg shows us how *pleasure* emerges in this play on the limit, along these scars, in the energies that surround the body/car complex.

Ballard's wife comes to visit in the hospital, and soon hard fingernails glide along wound scars. The amalgamation of metal, pain, scarring, and blood becomes a place of arousal and passion. Is this body horror about owning bodies, or about "sick" plays with bodies that are impacted and destroyed by harbingers of "progress"? Is this a critique of a car society, or a placid alignment with a postmodern, postindustrial, driven world? I continue to be fascinated with the film, and writing this chapter exorcises my desire to see richness in it. I delivered a first version of this chapter as a paper at the annual conference of the Modern Language Association as part of a disability studies panel. I remember well how many of my colleagues in disability studies seemed bemused by my willful reading, by my desire to see pleasure in these filmic bodies. I showed a clip during my presentation, and I still remember the effects the choreography of metal/scar lovemaking had on my audience, some of whom visibly squirmed in their seats. Some of this discomfort emerged in the postpaper discussion, but even more was shared with me in the remaining days of the conference. How could I see something positive in a film that fetishizes disability, that creates erotic spectacles out of nondisabled actors acting disabled? Why was my gaze arrested by these metaphorized bodies, their wounds so painfully poetic, so ungrounded in social reality, fulfilling yet again the stereotype of the sexy, forbidden freak? And indeed, I shared and continue to share this discomfort in the presence of the film's images, yet I also continue to be attracted by the surfaces, tissues, and encounters that make up the choreographic center of Cronenberg's vision.

This mixture of discomfort and pleasure is at the heart of the material I discuss in this chapter: Cronenberg's stylish gloss on wounded bodies as erotic spectacles



Hospital scene from Crash, 1996. Directed by David Cronenberg.

joins the uncomfortable and yet sensual display of a self-cutter in the French art house film *In My Skin*. At the end of the chapter, this amalgamation of discomfort and attraction pertains differently to migraine artwork that is situated awkwardly, presented within pharmaceutical industrial concerns, its vision of migraine as a life experience bathed in sensual color—and yet implicated, seen as negative and under the sway of the “cure” by the pharmaceutical framing. All of these texts and performances are on the limit, either through their narrative and/or their placement in the culture industry. They glide away from conventional visions of autonomy and agency. They become corrupted, politically problematic, co-opted or buy-into fantasies that do not align with ideas of the “natural” human body. Scars and exterior-/interiorizations of experience structure this chapter, and these meeting places of tissues, acts, and agents aren’t always carefully coded. Reading these images—of cars and eroticized scars, of self-inflicted wounds, and of re-visions of migraine—it is far from clear what is at stake, what is wounding, and what is healing.

Unnatural bodily fantasies have had great currency in the past decade, and much cultural criticism has focused specifically on two borderline fantasies: the cyborg and the animal. Uncomfortable in the confining skin of one’s self, many artists, theorists, and critics flirt with the redefinition of humanity, and with a rethinking of our fleshly envelopes and the rules that govern them.¹ This chapter addresses these fantasies, grounding them in popular visual culture examples: a Canadian underground cult film, a French art film, focusing on monstrosity and freakishness, as well as an example of art created by people experiencing migraines, viewed and disseminated on the Internet. In these medical/body/art images, borderline states are visualized, and many of these re-visionings echo metal/flesh/animal complexes that have populated cinema screens and TV for many years now (most visibly in the *Terminator* series, the *Alien* trilogy, the *Matrix* trilogy, and so on). The emphasis on amalgamations and flesh/metal/skin is carried from mass-cultural artifacts to an example of medical/art images in nonart framed loci: the migraine art drawing is accessed through the publicity of a competition created by medical providers and pharmaceutical companies. The linking element between the discussions of *Crash*, *In My Skin*, and the migraine art image is the borderline figure of the cyborg goddess Medusa, with her bronze hands and her snake hair, and with her placement on the borders of civilization and order.

MONSTER STORIES

The desire to turn to the phantasmic can be grounded in political, social change. Science fiction and horror writing are often understood to be essentially conservative genres, since they displace the imagination of a different world into the fantastical instead of the supposedly more direct forces of realism with their privileged relation

to existing sociocultural relations. This argument echoes my concerns with bodily fantasies in relation to the medical: by now, it should be clear that I value the alternative fantasies for their complex relation to dominant stories, time, and space. In writing on the literatures of the fantastic, writers and critics have challenged the conservative argument, echoing other cultural studies writers who champion minor or genre pleasures.² Rosemary Jackson's definition of the fantastic, for example, elucidates the power of the genre by focusing on its presentation of that which exceeds the known, destabilizing the chain of significations that structure social intelligibility: "There can be no adequate linguistic representation of this 'other.' . . . Undoing those signifying structures upon which social order depends, fantasy functions to subvert and undermine cultural stability."³ One of these signifying structures under assault by contemporary popular cultural representation is the so-called natural body, and the stability of the human body as a contained category.

Donna Haraway is the doyenne of this interest in thinking of multiple, cyborgian identities as desire machines, as functions that birth new possibilities, and as pathways to the reimaginings of our social relations. She writes in her now classic essay, "The Cyborg Manifesto":

A cyborg is a cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction. Social reality is lived social relations, our most important political construction, a world-changing fiction. . . . Liberation rests on the construction of the consciousness, the imaginative apprehension, of oppression, and so of possibility. The cyborg is a matter of fiction and lived experience that changes what counts as women's experience in the late twentieth century. This is a struggle over life and death, but the boundary between science fiction and social reality is an optical illusion.⁴

The optical illusion, the fictioning of lived reality, is the linchpin of this project: like Elaine Scarry's aging woman working in the field who might just see the fictive, constructed nature of her nonnatural state in the moment that the sun glares at her, unanchoring experience from the natural is a political act that can destabilize existing political and social relations.

Haraway's project doesn't turn to animals or machines in order to find wholeness; she is suspicious of dualisms, including the dualism that reigns over the difference between nature and *technē*. By turning away from an analysis that sees *technē* and the body as opposing principles, and instead toward an understanding of bodies/minds as constructed and in process, Haraway rethinks identity politics. It emerges not as an endless fracturing into ever smaller subcategories of identity but as a processual understanding of a need for connection that expresses itself in different energies, journeying not toward unity, but toward multiple dialogues based in difference. She is aware of the deeply problematic place of identity politics in contemporary political frames, where romantic notions of origin are shattered:

The acid tools of postmodernist theory and the constructive tools of ontological discourse about revolutionary subjects might be seen as ironic allies in dissolving Western selves in the interests of survival. We are excruciatingly conscious of what it means to have a historically constituted body. But with the loss of innocence in our origin, there is no expulsion from the Garden either. Our politics lose the indulgence of guilt with the naivete of innocence. But what would another political myth for socialist-feminism look like? What kind of politics could embrace partial, contradictory, permanently unclosed constructions of personal and collective selves and still be faithful, effective—and, ironically, socialist-feminist?⁵

In her analysis of the totalizing actions of knowledge projects (including feminist wishes for a common language), Haraway points to the dialectic ability of this knowledge explosion to wrestle us into new certainties (giving us a wealth of information) and yet distance us from these certainties at the same time. With too much information comes a suspicion of information, a built-in viral marker that destroys the comfort zone and spurs the (new) subject into exploration and further action. Haraway embraces this nomadic politics that doesn't know identity, locus, focus, or temperospatial unity. Destabilizing by story overload, decentering stories of origin, an employment of myth: it is in these partial politics of the minor key that Haraway invests her energies. Out of her embrace of cyborgs and monsters emerges a belief in the power of multiple, partial stories, delimiting the unifying and totalizing structures put forth by dominant knowledge discourses⁶—a desiring, longing path toward a “powerful infidel heteroglossia.”⁷ Haraway's Babel is a good place to look for the destabilizing power of body stories—ways of knowing the body that side-step, undermine, soar over, and dovetail with dominant knowledge systems such as Western medicine. As I proceed, images of women's (and some men's) bodies transgressed, opened up, and augmented will illuminate some of the bodily fantasies that mesh with Haraway's vision.

Haraway constructs an “informatics for domination,” a scheme for thinking historical difference and for capturing the agendas and pathways of knowledge projects. In the following, I will concern myself predominantly with the (un)coupling occurring in the first six pairs of her list, pairs that link to medical visions and medical performances:

Representation	Simulation
Bourgeois novel, realism	Science fiction, postmodernism
Organism	Biotic component
Depth, integrity	Surface, boundary
Heat	Noise
Biology as clinical practice	Biology as inscription ⁸

In simulation, the certainties of the authorial voice waver. In ways similar to Barthes's writerly text, the sign structure of the representational system becomes unstable,

since simulation always already is a new experience, a new multisensory encounter at a distance from an always receding original.

Simulation, copying, (non)real are issues at stake in a novel and an art film much discussed in contemporary criticism, and the issues of the infective switching from representational to simulation economy are at stake in these discussions. In David Cronenberg's film *Crash*, novelist J. G. Ballard's ballet is played out in a terrain that incorporates physical bodies with various extensions and addenda—biotic components inscribed/inscribing themselves into new fleshly realities. The central premise of both film and book is the sexualization of cars in conjunction with bodies, a hypersensualization of a modernity in which people in individual car cells engage (dis)passionately in marking physical connections, woundings, joinings, and contusions between flesh, machine, and plastic. The scar emerges yet again as a site of productivity, of narrativization, of unstable phenomenological experiences, of a proliferation of discourse and sensation. In Cronenberg's film, the scar's and wound's productivity focuses on erotic tension and the fascination with the limits of bodies.

Issues of agency and readership intrude upon the nexus between book, film, and criticism as different voices engage in montages of meaning: Baudrillard, Sobchack, Cronenberg, Ballard, Spader, and others. In the following section, I will unwrap these connections and compare them to another art cinema product, one in which the simulation machine is garnering a new tool in a particular play with affect, and a reader involvement that is less dependent on character identification than on bodily reaction. The discussion remains under the sign of Haraway's cyborg/monster and prepares the way for the discussion of medical/art migraine imagery.

BODY TOUCHING METAL

The most famous reading of *Crash*—Ballard's novel, not Cronenberg's film—comes from Jean Baudrillard, the dark poet of the simulacra. He sees this sexualized world as a realized scenario of a symbolic exchange economy and an embodiment of the drive toward death. Baudrillard writes about the relationship between bodies and technology, opposing his vision of Ballard's *Crash* to the classical vision of technology as an enhancement of the human body, where technology is used to celebrate man's superiority over nature:

Inversely, in its baroque and apocalyptic treatment in *Crash*, technology is the deadly deconstruction of the body—no longer a functional medium, but an extension of death: dismemberment and mutilation, not in the pejorative vision of a lost unity of subject (which is still the perspective of psychoanalysis) but in the explosive vision of a body given over to “symbolic wounds,” a body commixed with technology's capacity for violation and violence and in the brutal surgery that it continually performs in creating incisions, excisions, scar tissue,

gaping body holes . . . a body with neither organs nor organ pleasures, entirely dominated by gash marks, excisions, and technical scars—all under the gleaming sign of a sexuality that is without referentiality and without limits.⁹

The unnatural body is the connecting point between Haraway's poetics of implicated storytelling and Baudrillard's vision of corporeality. Death and dismemberment are here not psychologically weighted teleological end points, but they become the immanent condition of living itself. Discharge of energy becomes the postsexual frame of encounter:

The Accident, like death, is no longer of the order of the neurotic, of the repressed, of the residual, or of the transgressive; it is the initiator of a new manner of *non-perverted* pleasure (contrary to what the author himself says in his introduction when he speaks of a new perverse logic, one must resist the *moral* temptation of reading *Crash* as perversion), of a strategic reorganization of life beyond the perspective of death. Death, wounds, mutilations are no longer metaphors for castration—it's exactly the reverse, or even more than the reverse.¹⁰

I want to bring together this flat "energetic" understanding of bodily eroticism with another reading of the relationship between touch, vision, and selfhood, and ultimately read the disinterested erotic touch of *Crash* as a representational strategy: as a strange but interesting flower of difference representation.

In 1991, a range of different criticisms of Baudrillard's reading of *Crash* appeared in *Science Fiction Studies*. Vivian Sobchack offers biting criticism of Baudrillard, writing that "Baudrillard's techno-body is a body that is *thought* always as an *object*, and never *lived* as a *subject*."¹¹ In this response, Sobchack focuses on embodiment and phenomenological experience, pointing to the gap between the body as metaphor and object, and the body as lived reality. Her critical perspective emerges from her own history with scars and technological penetration, a history that she experiences as deeply different from the erotic opportunities Baudrillard theorizes (and that are taken up by Cronenberg's film). I shall let her voice speak at length:

As I started out by saying, there's nothing like a little pain to bring us (back) to our senses, nothing like a real (not imagined) mark or wound or artificial orifice to counter Baudrillard's postmodern romanticism. I'm writing this intervention recuperating from major cancer surgery on my left distal thigh—a 12-inch scar marking the "new" place of an "artificial invagination" where, for five hours, "chrome and mucous membranes" converged. Indeed, my thigh is marked by several experiences of the "brutal surgery" that technology "continually performs in creating incisions, excisions, scar tissue, gaping body holes"; it is a thigh "dominated by gash marks, cut-outs, and technical scars." But it is definitely *not* a thigh "without organs," nor do I contemplate it now, as it hurts me, "under the gleaming sign of a sexuality that is without referentiality and without limits."

When I was well between operations, it is true I was able to joke that my doctor “had gone where no man had gone before,” or to draw parallels between being anesthetized and “entered” by a surgeon and all those English novels like *Clarissa* in which virginal heroines were drugged and sexually violated—deprived of bodily sensation, but also deprived of responsibility. Such thoughts, however, occurred long after the *actual* pain had passed—when I was only *thinking* about the new orifice and its erotic possibilities. But sitting here *living* that orifice, I can attest to the *scandal* of metaphor. The “semiurgy of contusions, scars, mutilations, and wounds” on *my* thigh are nothing like “new sexual organs opened in *the* body.” Even at its most objectified and technologically caressed, I *live* this thigh—not abstractly on “the” body, but concretely as “my” body. Thus sharp pain, dull aches, and tingling numbness, the cold touch of technology on my flesh, are distractions from my erotic possibilities, and not, as Baudrillard would have it, erotically distracting.¹²

This is a strong rebuke, grounded in personal experience: “the scandal of the metaphor” opens up the pain of her wound.¹³ My writing is located between these passages: the disembodied free play of signifiers and metaphors of fleshliness that Sobchack sees at work in Baudrillard, and the experience of pain and (dis)empowerment that she describes, and describes in terms that obliquely offer up the gendered nature of patient/doctor relations.

As I argued in the introduction, I do not see the “body without organs” as a disembodied metaphor. Far from it, for Artaud and Deleuze and Guattari employ the phrase in order to speak about the amalgamation of metaphor and flesh, signification and experience. Neither do I see the scar as the place of the real. I am not writing as I recuperate from an operation, but I do write many years after a life-saving operation that left me with a similar scar in my thigh. That experience, together with the experience of many scars marking my body, traces of accidents and medical interventions into my disabled body, frames my writing: my scars are not always phenomenologically stable, markers of a reality of pain. Indeed, in my life, pain is multivalenced, not located in a clear-cut place and time.

Pain is not the opposite of productivity. Instead, this experience—which I can hardly call by a name, cannot really locate in an “it,” stably divorced from other experiences, tissues, and locations—allows me to experience myself as multiple, different in space and time. Within disability culture, I have often witnessed other pain narratives, and the need to live, and the adaptability of life itself, seems to allow for many interesting constellations of pain and experience. For me, and for many others I know, pain as a condition of life interrogates certainties and borders. In pain, I am not a unitary monad, but I experience an opening toward interior and exterior sensations. For these reasons, the painful productivity of scars that fuels Baudrillard’s reading, and the delights of both Ballard and Cronenberg, makes sense to me. Indeed, my bodily history makes me receptive to embodied theory, or

theories of embodiment, that queries the hierarchy between a primary self and discourse as secondary. My multiple experiences of narcotic deliverance to medical institutions and my experience of sensory ambivalence apropos pain and scars shape all of my reading of critical theory. So in order to make sense of both Sobchack's and Baudrillard's points, I need to move toward an understanding of embodiment that finds space both for the sensate and the metaphorical.

In order to go there, I will visit once more Merleau-Ponty's writings and a link between his writing and the scar. Merleau-Ponty articulates the relationship between embodied memory and selfhood and echoes the writing by Marcel Mauss and others who note the enculturation of embodiment: the way that a bodily memory exists alongside or subtending a verbal memory. I am using the structure to point again to the coexistence of the conceptual and the experiential—not as a hierarchy and a separation, but as a field, an extension. Merleau-Ponty's point is that memory is not separate from perception; it's not something that overlays or inserts into the given, the moment, but something that shapes the whole:

When we come back to phenomena we find, as a basic layer of experience, a whole already pregnant with an irreducible meaning: not sensations with gaps between them, into which memories may be supposed to slip, but the features, the layout of a landscape or a word, in spontaneous accord with the intentions of the moment, as with earlier experience.¹⁴

I take this account of memory and perception as a kind of atmosphere, a style, a specific arrangement of the background and figure, to be indicative of Merleau-Ponty's conception of the interpenetration of embodiment and metaphor. Let's take this further. Merleau-Ponty writes that when I use language that describes "my hand touching, my foot aching," I interpret—I unify and apply external knowledge to sensate experiences that actually do not have a "locatability." This distribution of perception to sites in my body is "merely the spatial and temporal furrow left by consciousness."¹⁵

This furrow is the particular, culturally based furrow left by consciousness *through and in engagement* with sensate experience and cultural placement. Just in case this veers off into an affirmation of a body-mind split, Merleau-Ponty introduces a core metaphor for his conception of the continuity, implication, and groundedness of experience in sensation: "I am not . . . in Hegel's phrase, 'a hole in being,' but a hollow, a fold, which has been made and can be unmade."¹⁶ The furrow is in touch with the ground, it is of the ground, it is a specific alignment of matter, but it is neither separate from sensation nor outside cultural frameworks. This furrow, for me, is a scar in the ground. The furrow gives rise to the implicated ground against which figures such as self and body schema emerge.

Merleau-Ponty's work is particularly concerned with the meanderings between

vision and touch. His framework for understanding selfhood on the border of world and self has been useful in illuminating cinematic fantasies of spectatorhood (in particular in Vivian Sobchack's later writing). In his writing on child development, Merleau-Ponty shows how both touch and vision are at work in the child's coming to selfhood, and the problematics of splitting, confusion, difference, and self are all referenced. Merleau-Ponty keeps the body image and the body schema as separate styles of realities. The body schema is not an image but a felt experience (in Sobchack's sense) or a set of laws. It is not a "positional consciousness, a representation, *Vor-stellung*" — these elements instead make up the body image.

Merleau-Ponty based his phenomenological explanation of the coming-into-the-world on the empirical research of writers such as Piaget,¹⁷ and many of these empirical issues and time lines developed from them are currently being challenged.¹⁸ But what remains fascinating to me as a thought structure is the relationship between body schema and body image: the interrelated nature of their joint development, the touching and interpenetration of metaphor and matter.

The body of the self (for Merleau-Ponty, always the singular body of masculinity) is a body schema, a conglomerate and palimpsest made up of action maps and visual cues, vague sensings and acute memories. An engagement with the other shares some of these qualities of shifting flow, of nondichotomist, slightly confusing encounters. Noise and redundancy blur boundaries and make clear distinctions problematic, and yet the emerging self-in-the-world born out of this diffuse body schema is already functional, in relation to the world around it. In Merleau-Ponty, vision is the prime giver of order and selfhood. This has been one consistent point of the criticism of his work, together with a powerful critique of his focus on a "general" body that is by definition male, middle-class, white, heterosexual. While acknowledging these problems in reading Merleau-Ponty, it is also possible to see his work opening up avenues for body criticism that are generative: vision is only one sense, and one that is in need of learning, of translation.

Other senses as well serve to structure body schemas and continue to influence body boundaries and their maintenance, and the body/individual leakage that is so negatively framed in psychoanalytic concepts of self is less hystericized in Merleau-Ponty's understanding. Similar to Baudrillard's economy, where everybody is engaged in an outpouring of energy, in Merleau-Ponty's universe of intersubjectivity the boundaries are weak and open toward the other. If Baudrillard's universe is one that focuses on a spinning out of energy toward death, Merleau-Ponty's vision is more positive, conceived in a fullness of a common flesh (in particular in his late work where the primacy of vision is challenged by pointing to the interdependent nature of sensory input).¹⁹

When I view *Crash*, I see both a fullness and a flatness, a disinterested glancing-off of vision, and a frantic, sensually textured visuality. Cronenberg's characters are

players engaged in a never-ending simulation of engagement (a vision that links with Baudrillard's reading of the novel). At the same time, the characters birth moments of intersubjectivity through strange connection points: cars, concrete, scars, metal, as well as hips and breasts. The body is fashioned in these meetings, willed into a new configuration.

Merleau-Ponty talks about the relationship between different senses:

The sight of sounds and the hearing of colors comes about in the same way as the unity of the gaze through the two eyes: in so far as my body is, not a collection of adjacent organs, but a synergetic system, all the functions of which are exercised and linked together in the general action of being in the world, in so far as it is the congealed face of existence.²⁰

But this "congealed face of existence" doesn't just need to extend to the bodily schema of *one* person: Cronenberg's film takes the relationship between vision and self-image to its extreme, creating "synergetic systems" that are appropriate and fitting to a world on the trajectory toward (post)modernity. The body of self as instrument of perception and seat of reception is at the same time the site of that which is perceived: "My body is the fabric into which all objects are woven."²¹

The rituals at work in *Crash* flesh a world, extend a body. We are either witnessing the birthing of a monad of self that is all-encompassing, or, by the fact of our witnessing (the engagement of mnemonic texture), we are reaching into a fabric of self-extension that allows for the fringes of a different self, an other, to emerge.

SCAR LOVE

Toward the end of Cronenberg's film, we see the character Vaughan (whom Ballard had first mistaken for a medical photographer, given Vaughan's fascination with wounds and scars) being tattooed with the markings of a car cabin. In this scene, the image of the car and the memory of crashes are woven into Vaughan's flesh. The scene opens with Ballard working on his film set. Ballard's work provides a backdrop to the self-reflexive film. The scene has already set up the intertwining of physicality and metal; it follows immediately on from a more famous, more often discussed scene with Rosanna Arquette as heavily buckled and braced technosex accident victim. Sitting passively, as he appears in the film, Ballard seems to record the maelstrom of sexual energy around him, letting it touch and move his own body. His assistant gives him a mobile phone, announcing Vaughn at the other end. Vaughn is the most Baudrillardian death-driven character of the film, a death and car fetishist engaged in a sensual relation with the world. In this scene with Vaughn and Ballard speaking on their phones, technology mediates, distances, brings together, and sets up chains of desire.

A cut brings us to a long shot of a row of pink, fleshy chairs in a corridor, echoing medical examination chairs, or maybe an upscale beauty parlor. At the far right of the screen, someone in a white coat is leaning over a chair. As we come closer with a cut to Ballard standing and watching, we cut to his point of view and see Vaughn directing the white-coated woman who is tattooing his chest with a diagram or impression of a driving wheel. He asks for a more ragged, dirty tattoo; she answers that medical tattoos are supposed to be clean, as she continues to prod his flesh with her stylus. He informs her that this is not medical tattoo, but a prophetic one. As she questions him further, he tells her that personal and global prophecies are the same. They are both played out on his flesh, in his flesh, and on the limits of his body. His body “is the fabric in which all things are woven,” including the future, a future of bodies at their limits, merged with metal, fantasies, fetishes.

The seediness of the tattoo business, the flesh/technology environment of accident victims, and the medical connotations of measuring bodies by way of careful preparation and compartmentalization are all referenced in the visual and narrative setup of this scene. The relationship between man and woman here is professional, detached; the erotic does not focus on the woman, who here serves as merely an instrument, an energy transfer device. Instead, the erotic charge is with the bond between Ballard and Vaughn, as Vaughn reaches over to give Ballard a sketch, asking him to “get her to give this one to you.” Male bonding through shared tattooing is again a familiar, conventionalized exchange. But the triangulation with hood ornaments, driving wheels, and other car paraphernalia scarring the body after a car accident lifts this scene from the seedy to the sublime and fantastic. The scene



Tattoo scene, Crash.

cuts away to the interior of Ballard's car, and to the tender, careful ripping away of the gauze covering on a new, inflamed tattoo on Ballard's torso: a star mark, making him part of the brotherhood of accident lovers. Vaughn tongues this fleshly sign, and the two proceed to engage in frantic, leather-bound lovemaking.

Cronenberg's film wrestles with the boundary between conventional sex-object pornography and the truly outré, the shocking, or, to use Vaughn's vocabulary, the "prophetic." In the *mise-en-scène*, Cronenberg chooses to reference the overly familiar seedy framework of porn. For example, in the Arquette scene, he presents the spectacle of the high-class car and the porn scenario of a gauche salesman about to find a starving sex kitten in a car. In the tattoo scene, porn references abound in the medical/patient setup, and in the male bonding ritual of gay sex amid leather and cars.

But the triangulation, the channeling of sexual energy through the marks on the flesh, opens up a different space, a new vision. In the Arquette scene, an elaborate metal brace clasped around her fishnet-stockinged leg rips the leather seat of an expensive car, a marking that transfers sexual pleasure to her character and Ballard. Later, her vagina isn't the object of the camera or Ballard's lovemaking; it is a vagina-like scar on the back of her leg, a technological mark on her postmodern body. As we have seen, in the scene between Vaughn and Ballard, the ritual exchange of tattoos, primitive/postmodern configurations that bind metal and flesh, become the point of the erotic encounter.

These characters all seem encased in their personal/global world: they live the tension between the monad, where one's self is the center of everything, and the



Lovemaking scene in Crash.

echoes of intersubjectivity with everything. The flesh and the word are our means of establishing social cont(r)act. I am reading, in this instance, against a vision of wounded individuals as emblems of an alienated, postmodern world. That doesn't mean that I do not see the seductive texture of this reading, the call to name these strange physicalities as metaphors for a general malaise of subjectivity. But as a reader/viewer with passions, and with a willful agenda, I hold back from that path and ask instead about the other echoes these bodies set off in me: echoes of lives lived, of disabled and scarred bodies that belie the wounded cyborg body as only fantasy.

I started this chapter with Haraway's words that "the boundary between science fiction and social reality is an optical illusion." If I want to stay on this path, I cannot point to the "real" as something that is more authentic than Cronenberg's masquerade. That would be an optical illusion: a turning away from the very real interplay between contemporary (car-dominated) environments, sexual fantasies, and living bodies that shape themselves and their erotic energies in accord with the flow that constructs itself between fiction and reality. I do not reject metaphorization as such, for any touch, reading, intersubjective or signifying act requires an act of translation. Instead, I offer a reading on the edge of melancholia, a wrenching away from dominant discourse, a leaky reading, a reading of the "and yet." Within Haraway's information-overload scene, individual stories, made up out of the amalgamation of self-fantasy and world-fantasy, undermine structural certainty.

As a desiring subject looking for connection, I fill the images on the screen with my own agenda. Representations of bodies with addenda (tattoos, scars, braces) are for me moments that allow me to refocus my own phenomenological existence, living between and amid the unlocatable field of pain and addendum (my crutch, my wheelchair, my scars, scarred dancers I have moved with, the other body). By watching the erotic intertwining of metal and flesh, the flat dispersal of energy in the cityscape, I see the act of language played out on the (post)modern body. My personal experience of disability orders my world for me: it is that which gives meaning to my reading of theory. Pain, rupture, and touch are part of that experience and gain fleshly weight when I read Cixous, Baudrillard, and Merleau-Ponty.

Paying close attention to the effects of language not only on a social level but also on the level of epistemology and subjectivity might help to move toward a more open language of difference, one that doesn't merely juxtapose the social and the figurative. In my reading here, flesh doesn't just become the desired other of language. Instead, language is one of the objects/acts/agencies touching this flesh; it becomes one of the elements woven into the fabric of the body (and the body woven into language). The juxtaposition of the words *body/scar* or *body/crutch* does not make sense to my phenomenological experience (since, when I use my crutch, it is part of my body, just like my scars and their sensations are). In my form of

embodiment these words, which of course mean and continue to productively identify things, become part of a continuum of sensations surrounding my existence in the world. Here, words don't become the symbol of eternal lack and loss, but part of a plenitude of access points in a liminal vision of (inter)subjectivity.

GASHES: A WOMAN'S (Dis)COMFORT

From this reading of surface encounters between *Crash*'s artificial scars, medical tattoos, and the medical body-modification machinery as beauty parlor, I will now turn to another art film, which also references body modifications, accidents, and complex issues of agency. Distance and identification are at stake in *In My Skin*, a film that uses images of contemporary urban life to carve a different space into visions of embodiment and agency, a vision that's dependent on affect rather than spectacle.

In My Skin is a controversial film by French filmmaker Marina de Van. In the film, the certainties of bodily knowledge and the ways of knowing familiar to classical Hollywood representations of the distressed women are on edge and generate a slide from the reign of representational strategies into the affect universe of simulation. Film noir sets the tone for women as objects/subjects of transgression, and for a vocabulary of psychologically charged, expressive uses of set and camera. In *In My Skin*, de Van plays the part of Esther, a young ambitious woman living in a dense, anonymous city, well along on her career path and with a loving partner. Under multiple pressures to perform as career woman, lover, modern subject, she



Leg wound in In My Skin, 2003. Directed by Marina de Van.

becomes fascinated with a wound she receives after stumbling in a dark yard. That fascination with her wounded flesh grows, and eventually she cuts herself, carving her flesh, and eating herself.

The film is quiet and brutally disturbing. It does not employ shock tactics or gore to portray its theme that lies somewhere between feminist self-harm discourses and Baudrillard's eroticized carvings; instead, it focuses on the methodical nature of the central character's actions, and on the ways that these activities slide just below the radar of everyday life and "normal" social ritual. The mutilation rituals of *In My Skin* have none of the glossy surfaces of *Crash*. The (unidentifiable) pieces of flesh and skin the viewer gets to see in *Skin* are more reminiscent of Kiki Smith's organic/object art objects than of *Crash*'s stylized wounds, whose patterns actually "mean" car emblems or vaginas.

Unknown bodies are also an issue here: in *Crash* the wounds are enacted on bodies of cinematic stars well familiar to the audience as being actually wound-free—a claim that is much harder to substantiate with de Van's harrowing performance, where the differentiation of director/actor/self/real relation founder.

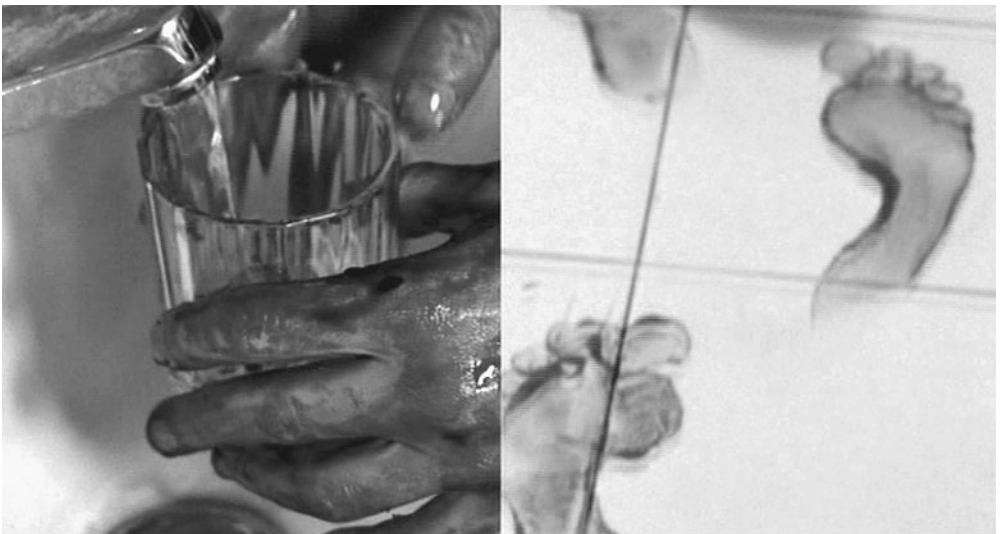
Female authorship is important here. As Jane Blocker shows, describing the process in relation to Kiki Smith's *Blood Pool*, critics find it easy to conflate woman's art with woman's body.²² The sticky nature of de Van's authorial/character obsession intrudes in a much more visceral way than, say, Cronenberg's position as an auteur. He does not make his own body available, although he has been spawning avant-garde body horrors since the '70s.

The scene I wish to relate to Haraway's writings occurs toward the end of the film, and it begins in that iconic place of twenty-first-century filmmaking: the shopping mall. Esther enters on her way to work and is caught up in an alternative path. She is caught up in the stream of people populating the aisles of a shopping market—the details of products, waste, shapes, faces, lights. The camera captures the scene with lucid, bright images, images that intrude and glare. Sound becomes important as well. From gentle background noise the electronic peeping of cash registers and scanners becomes oppressively loud. Synesthesia, the coupling of different senses, emerges as noise and image accelerate and flow with one another in a pattern that is familiar from narratives of migraineurs, people experiencing migraines. Reverse cuts back to Esther show her rubbing her eyes, which become red lined: the outward signs of a headache. Vision merges into bodily action, sensory movement, touch. Merleau-Ponty's interdependence of sensory organs becomes experiential through images in motion. They intrude on my viewerly consciousness as images and body actions weave a connection, inserting flesh and blood into the economy of imagery. Eyes see through touch, light touching my retinas, muscles moving and focusing my attention. And eyes can hurt—vision can become a vehicle for physical/psychical pain.

The images stab, lose coherence; a highly mobile camera whooshes by customers and aisles, decentering the point of view of the woman and destabilizing the hold on spatial orientation. Aural effects of heightened saturation and luminosity create part of this sensory overload: the images are too bright, too vivid, to keep the boundaries of self and space intact. Vision becomes an event of surface encounters as images penetrate and collide with the visual apparatus that is the camera/the “I.” A similar close encounter marks the sound track: sound effects on the six-track, surround-sound scene accost the listener.

The scene simulates a migraine attack (or some such disruptive sensory event—migraine isn’t named in the film, but it is familiar from the conventions described by doctors, migraineur self-narratives, and popular films).²³ Using visual and aural affective methods, the viewer witnesses/becomes the center of an attack. The whole scene emphasizes Esther’s point of view, her affective universe. At the end of this flow of imagery, the effect brings narrative information back on stream, without closing down the affective, sensual register of address. We see a shopping bag that holds a knife and a camera. Esther, assaulted by the loss of ego boundaries and space of self, will cut herself again.

At the end of the migraine sequence, a similar subjective effect is used: the screen splits, and the ego assault we witnessed in the supermarket is taken up by a bifurcated screen, showing us a decentered image of a scene taking place in one room but shot from two different camera angles. The two screen halves come back into thematic cohesion as the camera bought at the store comes into view. Its dark, black body and eye/lens set up parallel, only slightly different shots on the split screen, keeping us off balance, but not disoriented. Reunification of the screen only



Split screen, In My Skin.

occurs after the cutting has proceeded, worse than ever, and the screen reunites on Esther as a half-naked, bloodstained, half-feral woman looking at herself in the mirror.

One of Esther's friends mentions that she should take pills. This is a universe where there are pills for everything. Seeing wholeness and fragmentation, postmodern decentered characters, loss of unity and ego boundaries, manipulation of bodies and psyches: the problems at the core of the film are well rehearsed topoi in postmodern culture, and chime with Haraway's glide into the informatics of domination.

What is much rarer, however, is the emphatic affectual quality of the film, and the feminist insistence on the coming together of normal life and body horror (given that in the patriarchal history of horror, women's everyday bodies more often than not provided the terror—menstruation, pregnancy, nonphallic eroticism, and so forth). Simulation occurs here in the weaving together of familiar film noir/women's film conventions, expressionist style, and the sparse aesthetic of the new city film. The film involves me as spectator viscerally (and not just me: it is interesting to note the way that spectators of the film are shocked, well beyond the usual reactions to other body horror films).

The woman's self-cutting is left open to spectators' stories: the creature at the end of the film behaves like an animal, crouching behind furniture, stabbing at her face, eating her flesh like raw meat. "Biology as inscription" appears in all its mutational possibilities of choice and control, penal colonies and coding machines, ecstasy and death.

The locus of agency is unclear: who drives this spectacle? Spectators can find their own narratives, making Esther, perhaps, into a woman who is finding her self in an orgy of liminal self-destruction. Esther always keeps away from personal disfigurements that could not be explained, that would out her to her social scene; she is rational in her irrationality. She uses paracetamol (acetaminophen) as a painkiller and inquires into the chemicals used to tan skin that she cut off herself. Another story, equally visible in the images and sounds put to a spectator, is that of a woman driven by inner demons or by the pressure her social world puts on her: deadlines, decisions about house buying, jealousy among colleagues, and the sexual feuds that dominate the narrative of her life. Esther, however, gives no explanation, and even her affective register remains unknown. We do not know if she experiences pain at all; it is the inexplicability of her ability to dance with a severely wounded leg after her yard fall that sets the narrative of the film in motion. Both a young doctor and her own lover are dumbfounded, as they cannot understand her, cannot understand the personal universe of pain and pleasure that she moves in.

The monster as that which is unknowable emerges behind the scene of a young woman's life. "Dissolving the self" becomes a romantic quest for a self that is

excavatable, that can be cut out, experienced. And yet the final images of the film show us Esther at rest, spread out on the cheap bedcover of a hotel where her final cutting orgy has taken place. Her face is calm, and she looks straight at us/the camera. Her face shows wounds, a cut into her nose, and puncture wounds below her left eye, but these wounds are not disfiguring in a conventional sense: they create a form of pattern, maybe the scars of a modern primitive. Cixous reminded us of the voracious jaw of myth, of Logos, out to get our hide. Esther has cut images on this hide, something is warded off, guarded, but when entering the world of myth, a prize is paid. This isn't an essential body/subject, having affirmed a precarious sense of ownership over her boundaries. The scar is unreadable. Affirmative? Wounded? Strong? Or eaten alive? Ultimately, the sense of calmness at the ending of the film is not grounded in a body having come into its "natural" own but rests in a photo, a mediated vision of the self, for as we watch, the image tilts and pans back, and the static, photographic nature of the image becomes experiential. Esther set up a photo shot of herself (and we are reminded again that filmmaker/writer/actress are one and the same), with the camera as her bed partner. Seeing herself, shooting herself, she is calm, and the film can end without loss of life.

MIGRAINE ART: COMMUNICATING THE MEDUSA

Cronenberg and de Van riff on Haraway's cyborgs and monsters: the cinematic figures that emerge are deeply riven with the histories of the representations of women, psychic pain, ego boundaries, wounds, and articulations. How does the cyborg/animal



Final pose from In My Skin.

present itself in registers that abdicate agency even further, that can't claim the strong sense of authorship de Van holds on to, and that infuses the authorial weight of both Cronenberg and Ballard? Signs and surfaces, touch and vision are also issues in migraine art—art created by people who experience migraines.²⁴ *Migraine art* as a term gained currency through Derek Robinson, who worked for the German pharmaceutical company Boehringer Ingelheim. He initiated migraine art competitions in the 1980s in Britain. He later coauthored a report on the exhibitions, using the entries as his research material,²⁵ translating the artistic renditions back into the symptomatology of migraine, with its complex and multivariied sensory changes. The concept of migraine art has been further influentially publicized by Oliver Sacks, who is also fascinated by the diagnostic “truth” of migraine art as it depicts changed vision and aura experiences.²⁶ This uneasy alignment of diagnostic categories, art, and marketing continues in many forms, not least through numerous competitions and exhibitions dedicated to migraine art. Sobchack's scandal of the scar as metaphor emerges in art that is read directly as symptom. In an inversion of Sobchack's argument with Baudrillard, here creative expression is not freed from the medical site of the scar; instead, the medical label threatens to overwhelm artistic agency and the embodied creativity of the artists who submit their images. To point back to the opening quotation of this chapter, how can Cixous's Logos be tamed, its maw held in abeyance? What magical markings can the hide hold?

The power of naming is part of the medical diagnostic regimen: to write a name for the condition presented, capture it, label the subject. And these powers create a wide web of relations and structures that fold themselves into any discussion of self-ownership, autonomy, and agency, a point powerfully made by Sobchack when she recounts the weighty metaphor of bodily invasion. Haraway writes about the effects of new social orderings in various sites that pertain to women's place in the world, and the biomedical complex has a privileged and structuring place in her vision:

Clinic-hospital: Intensified machine-body relations; renegotiations of public metaphors which channel personal experience of the body, particularly in relation to reproduction, immune system functions, and “stress” phenomena; intensification of reproductive politics in response to world historical implications of women's unrealized, potential control of their relation to reproduction; emergence of new, historically specific diseases; struggles over meanings and means of health in environments pervaded by high technology products and processes; continuing feminization of health work; intensified struggle over state responsibility for health; continued ideological role of popular health movements as a major form of American politics.²⁷

Migraine art on the Internet fulfills many of the criteria Haraway describes here. In this work, which is both intensively personal and yet designed to foster a public

discourse, the legitimate ways of articulating bodily experience are expanded.²⁸ But since the images exhibited on these sites are often add-ons, this expansion in communication occurs at the price of the loss of the word, and verbal discourse is still an important shareholder in the economy of power surrounding medical knowledge. Although individual practitioners might be trained to decode bodily signs and extraverbal communication (and, of course, therapeutically framed creative expression), the bottom line is still driven by diagnoses codified in medical reference books, amalgamations of increasingly specialist phrases whose meaning relies on shared networks.

Within this economy of diagnoses and descriptors, advice and medical expertise, migraine art hosted by bodies such as the National Headache Foundation are additions, the human face to word-heavy sites on migraine management (often through drugs). It is interesting how drugs function within this economy of imagery and words. While the creative images seem open as to the origin of migraines, and often focus on social effects and relations caused by the condition, the drug experience traditionally severs these relations. Drug development pinpoints biochemical actions and individual body sites. The Internet itself stands in this double bind. On the one hand, it links wider communities into discourse, and on the other it alienates bodily encounter, replaces actual meetings with virtual ones.

Migraine is just one of many health/illness phenomena on the Web. The Internet functions as a useful connecting tool for many who have difficulties mapping accessible pathways in their social environment. Thus, disability activists made use of Web sites and list-servs early on in the history of the Internet's expansion into the public domain.²⁹ A more recent phenomenon is the rise of infomercial ware on the Internet, sites sponsored often by pharmaceutical industries that coalesce around certain medical conditions. The effects are multiple: new diagnostic regimens, made popular on the Web (and television, with the change of advertising regulations to allow pharmaceutical marketing), will put pressure on health care providers, and consumers can and do ask for specific medication by name. Thus, as part of the marketing strategy of these sites, "soft" experts can engage with one another. Beyond the layer of medically qualified personnel servicing these sites and engaging with consumers, many sites have bulletin boards where ordinary people exchange their experiences. In these sites, having the diagnosis functions as the passport that allows entry into an exclusive community: a community of fellow travelers, sufferers, gossip groups, and support networks.³⁰

Art has an important function in these sites: it creates alternative images, allows for a different mode of communication, in particular about issues such as pain that are difficult to express with the vocabulary of clinical medicine.³¹ But when discussing art created for and exhibited in such venues, important issues around definitions of artistic practice emerge on the borderlines between art and

therapy, the difference between gallery or mainstream art (commercially sold) and creative self-expression with its attendant values of privacy and intimacy.

These issues emerge with particular clarity in the processes surrounding a particular exhibition site, the annual art competition run by the National Headache Foundation. The competition highlights migraine art. For an artist to enter this competition means she must own a diagnosis—and out herself. With this, a tension characterizes the online (and gallery) art exhibit that emerges from the competition. This tension articulates the differences between medical diagnostic labeling and its mechanism of grouping, erasing patients' specificity during research and trials, and the creative industries, where the rhetorical emphasis is on individual specificity and nonnormative singularity.

The genre of migraine art, or any art associated with a specific identity, exists within multiple layers of genre: the diagnosis itself, the cultural expectation about migraine experiences set up by the label, and the cultural expectation of artistry, articulated in particular by the competitive, juried nature of the exhibit. And the law of the genre also ensures the citationality of these conventions, ritualizing them. As a critic, I need to choose either a language of the general, describing common features of the art exhibited on the site, subsuming it under the sameness of the *migraine* term, or else a language of the specific, the individual work. On the Web site, the implication is that these two practices are always visible (as they are tangible on the intersecting wall of the gallery); the hyperlink at the bottom, at the side, reminds me that there is a frame for the individual art image called forth on the screen.

These issues of owning a diagnosis and having a singular expression provide the frame for the art practices exhibited, and also to my critical response to the work. How to navigate the machinery of the label, as well as the cult of the individual? The strategy I use relies on the power of the myth, and on the ritual of citation that is specific to mythological material. In the images I encountered, I found



*Carole Stoiber, Migraine Medusa, 2001.
Migraine Masterpieces image used with
permission of the National Headache
Foundation. www.headaches.org.*

myself reading for the cyborg/goddess, a site of the unfolding multiplicity that characterizes Haraway's guerilla storytelling.

On a Web site, after surfing the Google waves of "migraine art," I find an image by Carole Stoiber, an artist from North Carolina, titled *Migraine Medusa*. Stoiber identifies herself as a self-taught artist. The image can be found at the Discovery Channel Health Web site, where it is displayed as part of the runner-up winners of the National Headache Foundation 2001 contest. The site states that the competition (open to professional and amateur artists) was funded by a grant from Pfizer, a pharmaceutical company. The original call for art emphasized both the individual and social effects of migraine (as opposed to the interaction between individuals and medical personnel, or between pain and medicine). All winners agreed to a purchase award clause, and all copyrights to their image as well as the image itself were bought by the foundation. In the case of Stoiber, she received \$100 for her original watercolor image and all rights (as the original contract made clear). From this, artists had to pay shipping costs as well. In return, though, the artists received significant publicity, and a durable, international presentation of their work on a professional Internet site.³²

The image clearly operates in a naturalist, representational idiom. It represents a form of folk art, a naïve style that merges realist conventions with surrealist and expressionist elements. Representation/simulation is at stake in the style chosen. The expressive amalgamation of sharp edges of glass splinters and soft, multiple-traced curved lines in the face and neck represents potential visual experiences of people experiencing migraines. Oliver Sacks's work in the book *Migraine*, still a well-selling book and updated in 1992 and 1999, has many images that decode these visual characteristics: migraine aura (an area of lightness or diffuseness in the visual field) and other more complex phenomena such as fortification, mosaic vision, color shifts, or blind spots. If I use Robinson's and Sacks's medical iconography, I can read the contrast between carefully worked, complex shading and line drawing in the snake body with the large expanses of color in evidence in the left half of the image as simulations of the optical illusions, the loss of detail, and the fractured nature of vision many people who experience migraines report. The focal point of the image is the eye, but an eye decentered, broken, by a geometric, algebraic object, a refraction. Something is in the way of seeing the eye, and in the way of the eye seeing. Reflections, refractions, and the dissolution of boundaries seem central to the work, and as a nonmedical commentary on migraine experience, my image analysis can draw on the vocabulary of (social) separation and dissolution, as well as on the contrasts between organic and inorganic and the human/animal.

Liquid drops from the snake's fangs onto the neck of the woman, and Medusa-like, the snake body seems part of the woman's head. The image draws on mythological figures—Medusas and mirrors—to make sense of, create stories about, and

contain migraine experience. A hide is at stake, a skin, punctured by fangs, traversed, labeled, scarred, opened, and closed again by operation, by cuts, by migraine's intrusion in the visual field. Citing both Greek mythology and one of the core symbols of surrealist art practices, Stoiber becomes part of a genealogy, a line that riffs on specific themes.³³ The genre and the work twine snakelike into one another, in a move similar to one Rebecca Schneider asks for when she is trying to find a feminist vision of solo work:

As suggested by artists like Gertrude Stein and Yvonne Rainer, can we pick up the formal emphasis by which *solo* is not read as discrete but as imbricated in and punctuated by the movements of participants in what John Chernoff, writing on African aesthetics, called "a *swinging back and forth from solo to chorus* or from solo to an emphatic instrumental reply"? Can we read solo as collective?³⁴

Let me transpose this call for a musical/dancerly/performance solo as collective: Schneider's call harmonizes with the tensions between instance and genre, individual and society, story and myth, woman and Woman. It desires to find a voice that is neither beholden to the categories set up by the system (such as the necessity for the individual artist's voice) nor essentialist and disdainful of differences (such as seeing every woman's work as woman's work).

This conundrum, revisited in a different form, fuels another writer writing against phallogentric language and its positioning of woman in the margin. Hélène Cixous claims the laughter of the Medusa as the way out of the hard place constructed by phallogentric discourse: "They riveted us between two horrifying myths: between the Medusa and the abyss."³⁵ Writing in the (impossible) position of the woman (rather than writing through the mask of the masculine position and its horizon of possibility), the Greek myths take on a different charge, they fail to keep the woman in her (secondary, scary, powerless) place. When the sphere of Greek myth can be seen as the stories they are, the Medusa can step forth from behind the curtain of its narrative containment: "You only have to look at the Medusa straight on to see her. And she's not deadly. She's beautiful and she's laughing."³⁶

Literality and physicality mix and merge in Cixous's text, making it impossible to divide the righteous borders of each. Cixous's prose tiptoes on the limits of the intelligible borderlines of definitions in a strategy of implication and subversion that has fueled critiques of her work as essentialist (fallen too much into "the body").³⁷ But it seems that this very leakiness of the discursive fields provides the excessive, uncontained ground for the Medusa's laughter. And with Chernoff and Schneider, I listen for the rhythms, foreign and painful to phallogentric discourse, that emerge in the encounters with Medusa. In Stoiber's image, the face is unreadable: no laughter, but also no tears, holds the truth about her.

Let's stay with the topos of the rhyme and the song. Within Robert Graves's poetic myth analysis in *The White Goddess*, the story of the Medusa has been captured as a struggle between a primitive droning sound, an ululation of the rounded mouth, and the ordered, classical symphony of Mount Olympus.³⁸ The Greek story tells that the Medusa was one of the Gorgons, frightfully ugly female characters, whose hands were made out of brass (an amalgamation) and whose hair was made of living snakes. In the Greek universe as mapped by Graves, the Gorgons guard the ancient mysteries and predate goddesses such as Athena, who wishes to get rid of them in order to build the rational, human-shaped citystate. Metal hands and animal parts: cyborgian/monstrous features adorn the Medusa's song. The Medusa becomes a repressed ur-principle: its powers are chaotic, life giving, and yet accelerated toward death.

Stoiber makes interesting use of the death/life tension in her image of the Medusa, the woman who kills anyone who looks at her, and who can only be overcome by a mirror worn as armor. Stoiber's image is rather different, shining and alive, from Arnold Böcklin's archetypal representation of the goddess as death mask.³⁹ Böcklin's presentation of Medusa's head emerges from undifferentiated mist. A large hole gapes in the face. The mouth is open, a dark cavern. Nothing escapes, not even the fearsome animal teeth that are supposed to guard this entry. The mouth opens into the past—the past of the ululation, of the preorder state, that which is (incompletely) vanquished, rearing its head in the painting's black oil. The eyes, likewise, are not looking out but become holes, soulless pools in which to drown, rimmed in black and grey.

Stoiber's Medusa is much more contained. Death is not a feature here, the poisoned fangs of the snake closing on her neck notwithstanding. There is a muscular strength in the set of the mouth, a defiance. And the blue eyes escape outward, linking in color with the woman's shirt and with the blue expanse around her, the realm of others, darkened and schematic behind the veil of migraine's mirror. The snake's rattle is positioned centrally, and sound enters the alignment of color, narrative, past, and present (time's flow seems also present in the large waves that create the background for the image: pulsing headaches, life's pulse, history's ocean). The longing for connection I see in those eyes seems taken up by the dry rattle of these chitinous scales, and the sounds the silhouetted child makes as it raps its hands, entreating for attention.

In Greek mythology (or at least in the myth of that mythology created by myth analysis) the Medusa becomes woven into a narrative fabric, breaking her away from her archetypal and originary identity as life/death principle into a much more patriarchally characterized scene where Poseidon rapes her, and Athena as a jealous goddess changes her beautiful tresses into snakes. Her banishment and ugliness are framed and placed into a clear, if horrible, unrestrained sequence of cause and effect.

Stoiber's image and her evocation of the Medusa seem to stand in relation to domesticity and wildness, past and future, containment and expansiveness. Refusing to be pinned down, made clear, this representation of pain and migraine uses the disruptive potential of the monster to oscillate between repulsion and integration.

When I link this Medusa discussion back to the medical framework and bodily fantasies, interesting inference patterns appear. Agency, and who does what to whom, is an issue in the variants of the Greek myth, in Stoiber's painting, and in Stoiber's account of her copyright relationship with the National Headache Foundation.

Stoiber's image speaks to me both of the strong line that demarcates the head from the environment, and of the permeability of thickness (of flesh) by color and wave. Just as the foregrounded figure is strongly kept apart from the background, the figure itself wavers inside its bounded envelope, the boundaries breached and played with. Like Merleau-Ponty's meditation on Hegel's self as hole, this self presents itself in the sinuous weave of matter—in the fold between color and line, in the action of uncoiling rather than in the boundary action of the limiting line. The snake is penetrating her neck and also domestically, cozily merging with the woman through the comfortable turban-like fit of the snake on her head.⁴⁰ Issues of self and other echo, and indeed, in her interview with me, Stoiber acknowledged that for her, her migraine experience, imagined as a glass sheet, disrupts and upsets the dynamic of her family situation. It keeps her apart yet within, creating tensions within the family unit.

As Cixous's use of the Medusa witnesses, mobilization of a mythical female character is a familiar trope in feminist studies. Many female figures in Greek mythology, for instance, hold a qualified power and can be quoted as anchor points for critiques and partial identification. The laughter and the voice of the Medusa, the riddle of the Sphinx, Cassandra's sight, or the drama of Athena have held the attention of feminists eager to find expression for struggles within compromise, figures at a distance from the angry Zeus and yet under his sway. Sigrid Weigel pinpoints the problem of the Medusa in her work on women's literature, titled the *Die Stimme der Medusa*, the voice of the Medusa: "There is no voice of the Medusa—unless it be her other, soundless 'speech.' When she does begin to talk, to give expression to her horror, or even to communicate, she has to leave her place, is no longer that Medusa."⁴¹ Using a voice that might not be hers, a place that isn't hers, and a position from which she is unspeakable/unspoken/spoken for, she becomes an analog for the migraine patient's experience a propos the medical system (and for the cutter in *In My Skin*, the woman whose affective economy is so out of synch with the productivity of labor/meaning/communality of those surrounding her).

Within many of the tactics described in this study, different languages clash and battle, or subvert in quieter ways: experience and phenomenological difference try to find entry points or hollows within the diagnostic categories of medical language. The minor, inflected key weaves a melody, the surprising rhythm of laughter, out of multiple diversities: art canon imagery, visual explanatory schemes for migraine auras popularized by Sacks and others, feminist histories, Greek myths, patriarchal struggles and female-focused storytelling, personal experiences of migraine, and their effects on oneself and one's family. Stoiber and her *Migraine Medusa*, Esther and her author (de Van) remember agency, rebuild it, in each brushstroke or film image, refusing closure and labeling. Surveying the genre and the instance of migraine art and cinematic riffs on the scar, I delight in the surprising rhythm of laughter, in the iridescence of color, and in the openness that emerges between silence, image, and story. Sobchack's scandal at the site of the metaphor has moved out into the fold, the furrow of Merleau-Ponty's experience, into a storytelling that refuses to anchor the scar in a reality but that instead brings many different discourses and experiences in touch with one another.

Stories, rhythms, refusals, transgressions, and strange mergings characterize the bodily fantasies I discussed in this chapter: Cronenberg's *Crash*, which refused the "appropriate" junctures of human/metal/erotics/spaces and instead offered different affectual alignments with the various actants at work; *Skin*'s undecidable status of agency and knowledge a propos the "unnatural" woman and her rule over herself/her body; the *Migraine Medusa*, with its call to the Greek canon to find validation for the experience of an invisible condition that disrupts and infects vision and yet seems to exceed its allocated place in the categories of the biomedical complex.

Distance, community and rupture, and lack of containment are issues that appear again and again. They, like the placement of Stoiber's image, emerge out of the newer socioeconomic/cultural nexus that Haraway describes, the cyborgian realm where agency and action are only relative, are caught in a network of relations that remain unclear, and are only activated strategically within guerilla storytelling. This chapter twisted around these issues of agency, and around the issue of how to speak of bodies when language itself is tainted, and body language forced into the minor key. How to speak when there is no pure position to speak from, when one's position is implicated, compromised, when the acts of bodies are on the limits of the intelligible, when the self is a fold that is touched by many different fields. Haraway's guerilla storytelling in the dominant society provided the nonpure crystal around which material aggregated. In Cronenberg's *Crash*, cutting under and across the economy of the sign, the wild dispersal of life is pitted against death itself. With Merleau-Ponty's liminal bodies, potentially open, and de Van's mysterious, affectual woman, the contingent and yet vital qualities of individual bodies come into presence. And Stoiber's image, lodged in a sphere outside her influence,

anchors in ancient stories, and in the memories of rhythms that exist side by side with our time. The *Migraine Medusa* unfolds a fold made of words, pastel, medical diagnoses, and lived experience of interfamilial and generational distance and longing. The subject that emerges is already read by Sacks, already marked by migraine, already pinned into its place on a Web site. And yet the named woman speaks, paints, and acts. All of these moments work under the sign of the monster/cyborg, the nonoriginary fantasy of bodily limit, and bodily aggregate, operating within a socioeconomic framework that implicates personal agency and undercuts political gestures through co-optation.



6. Medical Museums and Art Display

THE DISCOURSES OF AIDS



THIS CHAPTER IS CONCERNED WITH SITES, SIGHTS, AND CITATIONS, that is, with the location and locatability of a specific sociocultural health issue: the spatial politics of HIV/AIDS representation and its identification in visual culture. In order to address the bodily fantasies surrounding AIDS, I visit museums, watch the TV series *CSI: Crime Scene Investigation*, and examine installation art.

The journey of this chapter begins in Washington, D.C., on a quiet, leafy campus, where a large museum far away from the usual Smithsonian crowds holds the archival memory of the intersection of (at least) two aspects of the medicoindustrial complex: technoscience and war—battlefield surgery and the reminders of the technical history of medicine that haunt the display with the grey looming shape of an artificial lung machine. I then proceed to analyze an episode of the *CSI* TV series, investigating the relationships between the museal display and the computer graphics of the show, concluding that in both microscopic images of bodily interiors state grand narratives about gendered identity, boundaries, and morality.

VIRAL STYLES

On visiting the Museum for Health and Medicine in Washington, I entered a dark, quiet space, guarded by friendly wardens. Nearly directly in front of me, as I left the guard station and moved into the interior, was what I had come to see that morning: the HIV/AIDS exhibit. And luring me toward it as the brightest spot in that display was a lit box. I moved closer. In this box, set into a display wall, was a

beautiful sphere, a precious glass exhibit. It is beautiful—a round ball, with a recessed opening filled with yellow bubbles and green strands. As my gaze moves over the exhibit, I find an explanation, a “key to elements in HIV model” color-codes it for me. The yellow (bubbles) stands for the viral core and the green (strands) stand for viral RNA and reverse transcriptase (an enzyme implicated in the processes of HIV infection). The purple platforms attached to the round sphere signify protein, I learn, and the sphere itself, delicately shaded in two-colored dark reds, is the lipid bilayer. The purple nodes are round, small platforms attached to stems. They look like something out of a ’50s design for a lamp, or like the modernist lines of IKEA furniture. The yellow viral core is sinuous, shaped like a gourd. The globe, so symmetrical, so ordered, so graspable, so transparent, is an HIV model, created by the Medsciart company in 1988, notes a little white card, attached to the bottom-left side of the glass model.

Stepping back, I take in the whole wall, into which this model is recessed, and a headline reads, “Agents of Disease: HIV Is Just One.” The whole wall is covered in earthy browns, with a visual grain, and next to the recess, the clear glass jewel colors offset a chalk-drawn image of veins, with globules spilling out—an image more recognizable to me as a medical reference, but all shaded down into chalky, earthy tones. The effect is aesthetic(ized), and moves far out from the reds of blood or the purple darkness of sarcomas. What am I seeing? I am struck by the use of visualization in this exhibit, and by the craft and design aspects of the presentation. But the presentation of HIV/AIDS as a smooth, glass-surface structure echoes other ways of thinking about the disease. Authors have pointed out how post-modern and treacherous AIDS is: the sign is unstable, visibility is problematic, as *to have AIDS* actually means to show the symptoms of other diseases, be it tuberculosis or Kaposi’s sarcoma. McCombie points out that “AIDS is defined in relationship



*Glass HIV model, AIDS exhibit, 2004.
Courtesy of the National Museum of Health
and Medicine, Armed Forces Institute of
Pathology, Washington, D.C.*

to other known diseases.”¹ Its symptomatology is often constructed as one of simulation and cloaking. Other researchers point to the absence of “the original” at the heart of AIDS: “The name AIDS in part constructs the disease and helps make it intelligible. We cannot therefore look ‘through’ language to determine what AIDS ‘really’ is. Rather we must explore the site where such determinations *really* occur and intervene at the point where meaning is created: in language.”² And given these problematics of rendering a definite visual sign of AIDS, the cellular and its visual intricacies became an important public reference point for public health education and popular cultural dissemination about AIDS.³

To see it is, at some level, to conquer it—to hold it at bay.⁴ Scientific representation and its visual certainties of “normal” and “foreign” material became fetishistic objects in the late ‘80s, as AIDS hysteria required identification of the invader, the sleeper, the evil spy.⁵ It’s these registers, these fears and uncertainties, that seem to be allayed by the surfeit of microscopic and diagrammatic visualization systems that have surrounded AIDS in popular culture, and that sustain the epistemological apparatus of the Museum for Health and Medicine’s presentation.

Jacqueline Foertsch relates AIDS hysteria to the plague of Cold War fears and teases out the implications of language and registers in American literature.⁶ She describes the effects of AIDS within infected bodies as a surface phenomenon (where bodies, of course, vanish and only multicolored blobs remain):

The ways in which this AIDS designation slides along the surfaces of one diagnostic signifier to the next bears a marked resemblance to the extreme *superficiality* of the infectious process itself: viral particles are attracted to the *surface* of CD4 cells and dock with appropriately “dressed” host cells in a complicated surface-point interlocking process. Furthering the seeming two-dimensionality of HIV (in fact the virus is spherical) is our understanding that they are *not* alive, do not “reproduce” but “replicate,” like a wall full of Warhol Marilyns; an oft-used analogy of an infected cell is that of an HIV “copy machine.”⁷

Artifice (“dressing up,” “all surface,” “copy machine”) and excess (“wall full”)—the registers Foertsch references point not only to a suspicion of representation itself but also to a specific subpractice within artistic discourse. Drag is the AIDS-causing virus’s method in her summary of its processes.

And as I read her description, I remember the hystericized gender scene of the 1980s, where I can well imagine that drag (and Warhol) communicated gay, gay plague, homosexual, twisted copy, excessive sex, dressing up as women, undermining of heterosexual male singularity, the evil copy.⁸ Foertsch doesn’t comment on this undertow in the description, as her focus is the relation between AIDS language and warfare, in particular Cold War paranoia. She continues, and the relations between spy/infiltration and AIDS discourse become more pronounced:

Discursive terms like “messenger RNA,” “transcription,” and “translation” define the virus’s most insidious skills—its ability to invade, transform, and co-opt functions in the healthy cell. Deftly manipulating cellular surfaces, HIV cells are masters of disguise, inserting themselves into healthy host cells and masquerading as bodily allies that the immune system misrecognizes and allows to proliferate.⁹

And even as it is clear that Foertsch highlights “enemy action” descriptions, terms such as *masquerade* point again to the theatrical as a devalued discourse, problematically locating a strand of gay aesthetics in the actions of AIDS itself. By extension, the allocation of a dominantly gay-identified aesthetic to the virus’s actions also undermines any attempt to desexualize HIV/AIDS. If the register by which we name the disease closely echoes a devalued aesthetic practice associated with a nondominant group, how can the infection’s connotation shift away from homophobic descriptions of gay sex?

I described how IKEA and a kind of hip, urban (yuppie?), retro design were the first associations I had when I saw the globular virus lit up and resplendent in its box. Does the multicolored glass object reference an objet d’art, a lifestyle accessory, a theatrical style icon? Is there a homophobic stylistic commentary on AIDS right there, in the anodyne shiny beauty, offset by the more modest, more sober darkish colors on the official museum display (without a named origin, without a named artist)?

Hard and soft, shiny and slimy—specific cultural registers adhere to surfaces. There is a sexual politics to the microscopic imagery, to colorings, and to the language of infection. Steven Kruger maps a “male homosociality, with two differently ‘armed’ male opponents battling for dominance”—the male-connoted nucleus and viral invader are duking it out for dominance over the soft, liquid, penetrable cytoplasm.¹⁰

Emily Martin analyzes gender relations in popular texts focused on medical immunology issues. These texts undercut the critic’s ability to analyze, leaving at least me amazed at the sheer effrontery of patriarchy’s stranglehold on the Western imagination:

In order to slip inside the cell, a virus has to remove its protein coat, which it leaves outside the cell membrane. The viral coat hanging outside signals the passing T cell that viral hanky panky is going on inside. Like the jealous husband who spots a strange jacket in the hall closet and knows what’s going on in the upstairs bedroom, the T cell takes swift action. It bumps against the body cell with the virus inside and perforates it.¹¹

The contrast of the shiny, bright colors of the named artistic rendering of HIV and the unauthored (and therefore authoritative, “general”) rendition in tasteful darker colors speaks to this gender politics on the level of stylistic choices. These choices are not inevitable; many different kinds of scientific visualizations of HIV exist.

One of the gorgeous and colorful books charting scientific visuals, Hank Whittemore's *Your Future Self*, shows two images of HIV. One of them, by Teresa Larsen, a medical practitioner at the Scripps Research Institute, echoes the round glass image I described, but her image is much more translucent, metallic, and dark; it glows red and violet against a dark gray background. The image is undated; Whittemore's narrative seems more angled toward sharing the visual richness that emerges out of medical laboratories than toward the creation of time lines, or the identification of art historical data. Larsen's image emerges out of a visualization of structural data, modeled into the globular shape. Her work process gives her full control over color and arrangement in the image. The other image, by Joseph Sodroski from the Dana-Farber Cancer Institute in Boston, uses a different kind of visualization: it is a computer visualization that uses data from X rays obtained from a particle accelerator to ascertain the surface of HIV, to look at the "clamps" with which it attaches to body cells. The resulting image is radically different from the smooth round objects: it shows irregular, twisted shapes in different colors.

In Whittemore's description, visibility and knowledge merge:

The new pictures show that after latching on to one site, the viral probe changes its shape to reveal another grapple that snags a second site. Previously the latter grapple had been hidden from the view of scientists; and precisely because it stays hidden until the last moment, it stays largely invisible to the body's immune system, as well.¹²

Being hidden from scientists' visualizations is equated with being invisible to (eyeless) body cells: the sites of sight and knowledge collapse into one another. The scientists become, in extension, the larger versions of the body's immune system, working on the social body as a whole as guardians.

Like viral invaders or communist spies, the thought structures of patriarchy and homophobia creep into the languages, images, and styles of representation, confounding a general acceptance of health advocates and activists. In the words of Cathryn Vasseleu: "In the very manufacture of metaphors, images, models, diagrams and analogies, and their simultaneous dismissal as just a substitute for or illustration of the essential thing, science effaces itself as a figurative practice."¹³ The choices of the scientific museum speak to a figuration of disease that subtly furthers specific meanings of bodies, their relative power relations, and their ability to speak with authority.

EMBEDDING VIRAL MATTER

And, of course, the metaphors, images, and languages of science are themselves shaped by the wider cultural frameworks in which they come to be—the embedding

of scientific inquiry in funding structures, use patterns, and relations that make up the medicoindustrial complex I discussed in relation to Donna Haraway's informatics of domination. During my visit to the museum, this embedding became deeply experiential (to push again the sexual metaphor that has gained so much currency after media practices associated with the Iraq war—the marriage of the relation between the media and the war complex in a fashion that mocks the charge of literality).

As I was sitting on a bench near the AIDS exhibit, taking down my observations on a laptop computer (after having cleared the use of the laptop with the attendants), another museum employee came up and joked with me: she wanted to check that I wasn't arming some kind of explosive device in the museum. For a moment, I must have looked at her in a rather befuddled manner. The weak joke about a bomb seemed so off to me, such an unlikely assumption to make in the low-light, empty halls of a historical museum. But then the context of my visit flowed back, and I understood her joke, and her need to come and check.

The Museum for Health and Medicine is on the Walter Reed Army Medical Center campus, and it was June 2004; the war with Iraq was still taking its toll among civilians and military personnel, as it probably still will, in many different ways, by the time this book is published. In the same week as my visit to the museum, the Pulitzer Prize-winning and much syndicated *Doonesbury* comic strip saw the transferal of Lieutenant B.D., now minus one leg, to Walter Reed, bringing home (and to the morning breakfast table) yet again the human costs of war. Walter Reed is the main military hospital for soldiers with orthopedic injuries (amputees and others), and so the war and its realities were close to the surface in all dealings with museum officials and employees. On entering the campus, I had to show identification to a courteous soldier in uniform. Once there, an attendant outside approached me as I parked my car and wondered for a while whether he should send me to a parking lot farther away, but on seeing my walking stick, he relented in a kind and friendly manner. Everywhere, signs of benevolent surveillance showed themselves, and this context, nearly forgotten in the so-familiar environment of a museum, was asserting itself. There was a frame to my visit, and, of course, to the exhibits, not only spatially, in their proximity to the wounded soldiers and the spoils of war, but also temporally: the day of my visit was the day after the spectacle of Ronald Reagan's burial, the man most credited with the forgetting of AIDS.

Around the corner from the beautiful glass object, the wall heading read, "Because There Is No Cure—Prevention Is the Best Medicine." Reading the chilling heading, Reagan's shadow fell over my reception. Walking along this wall, I took in the HIV-prevention posters on the wall, ready to find different images of the pandemic, to turn away from the chill of glass and the artistry of drawn veins and red blood cells. One of the posters shows a young woman and man in a car, making

out, kissing. They are well to the left in the spacious car interior, with the steering wheel, the control mechanism, lonely on the right side. On top, the poster reads, "Vanessa was in a fatal car accident last night. Only she doesn't know it yet." Below the kissing two, the car's spoiler stretches, and it looks like a chart, a horizontal layer of alternating white, blue, and black. The white card is half ripped off the wall, which means that I can't trace year or full origin of the image. All I can read is "US Department of Health."

This loss of information itself is significant to me. I see few other traces of neglect in the well-maintained museum. But in the AIDS exhibit, I see two, this one, and one more: in between the exhibit walls, the museum has placed an acknowledgment of time passing. The datedness of the medical (and social) information available is obliquely referenced. A display announces "The Latest Information," together with an invitation to take a leaflet with Web sites that provide up-to-date information. Unfortunately, the display is empty. I point this out to an attendant, who promises to hunt up a leaflet for me, but she is met with no success (it is a Saturday, and there's a public event going on that day). But beyond the personal friendliness of the attending staff, the issue nags me: this, after all, is a national museum and a place where people might turn to gather information.

But it is clear that the museum's curatorial agenda is to explore HIV/AIDS in a range of different U.S. national contexts, although with a significant emphasis on either gay male issues or drug users. (I saw little of the international impact of HIV/AIDS in the exhibit's most dominant displays.) Beyond the abstracted, geometric images of the virus and its workings, and the traces of campaigns to promote safe sex, abstinence, condoms, and needle exchange, there's a third strand at work. As the museum's advertising materials say, "Living in a World with AIDS' uses text, interactive displays, medical instruments, and photographs to explore the AIDS health crisis, featuring the personal narrative of an AIDS victim."

So as I move farther into the exhibit, past the prevention walls, I encounter a glass display case, full of mementos and the personal traces of AIDS on a living person. Private photos from parties and hospital rooms trace the fullness of the lives of a gay man and his partner, as they are battling the illness. The story of Ron Wogaman and David Kahn, their names proud and repeated, their faces radiant in each other's company, celebrates life. But given the dominant story told in the exhibit, the glass display case is also a shrine. Folded in the right bottom corner of the display case is a favorite outfit, the clothes the "victim" slept in, guarding him against the cold he felt.¹⁴

At an angle to this personal display case is another one, charting yet another story—the cultural impact of HIV/AIDS on activism, the political dimension of health provision—told with a focus on radical groups and their demonstrations. There is information about various grassroots initiatives, about ACT UP, and about

these groups' common agenda of pressing for better research and better funding. There's little that speaks about the stigma that attached/still attaches itself to people living with the virus. The main way that these cultural stories insert themselves is expressed by another exhibit that juts into the space of the "Living with AIDS" display, an exhibit called "Medicine and Morality: A History of Syphilis and Gonorrhea."

Here, in the presence of materials that seem more distant in time, with displays of posters going back more than one hundred years, the problem of these health issues can be safely articulated. "People thought these diseases should not be publicly discussed, or that they affected only 'marginal' groups"—so reads the text on the introductory wall display. Here, we find wax casts of a face, of a foot, and of a penis affected with syphilis, and multiple photographs of the bodily changes engendered by the infection. These visual markers are contrasted with the rhetoric of invisibility (so familiar from AIDS discourses). A "Social Hygiene Bulletin" poster, for example, shows a blonde child, and beneath her photo the heading reads, "she looks clean, but" The same strategy is also at work in World War II posters warning soldiers about the unclean nature of prostitutes, beneath whose charming appearances disease might lurk. Display narratives discuss these stigmatizing and moralizing aspects of the advertisements, but the correlation to the AIDS exhibit is unspoken, lines in space drawn by the reader/spectator/witness, not by the texts themselves.¹⁵

One last display in the exhibit was on the wall opposite the historical material with the wax models, and the posters warning of syphilis symptomatology, from invisible to body transforming. It's an interactive display, but running a clearly dated aesthetic style: more Space Invaders or Tetris graphics than virtual reality. In order to appeal to an anticipated audience willing to engage with interactive displays, it sets itself up as an online playing card game. When the computer mouse hits a playing card, the card turns around to display information. Clicking around the program, I found the ultimate Pac-Man game visual: HIV was visualized as a two-dimensional small ball with sticky tentacle bits, overrunning the silhouette of a short man. The motion is mechanical, bit by bit, pixel by pixel: Pac-Man's all eating, space-devouring monsters live, indeed.

The man is a border animal. He has a continuous blue line demarcating his body's space from the outside. Inside are yellow dots, a red outline of a blood vessel system, and light-blue bones, all very schematized. This see-through man, rather different from Flanagan's fluid man, when injected with a needle gets overrun with the tentacled monsters, obscuring the clarity of the diagram. On the cellular level, the invasion is literally signified by writing: when the cell is invaded, "Virus DNA" appears in a cursive (feminine?) script on the textured cell. What is the logic of these animated diagrams, these scientific computer games, that model for the spectator

the inevitable logic of HIV/AIDS and reproduce it again and again, as long as one keeps pressing the mouse button?

The wall title “Living in a World with AIDS” butts up against “Because There Is No Cure.” No matter that there are clothes left out, pointing to a life lived, no matter that photos attest to love and parties in hospitals—the Pac-Man game will gobble it all up. John Nguyet Erni points to the rhetoric of scientific discourses “diffused” into the media, and to the power of the apodictic statement, “There is no cure for AIDS,” which sets the scene and delimits the field of engagement, the battleground for medical intervention, government regulation, and popular discourse. He shows how the thinking about “incurability” and the desire for the cure “in the future,” dependent on medical progress, hinge on the longing for closure, for purification, and for the “fantasy of the antideath.”¹⁶ The logic of the AIDS cure, he contends, operates wholly within the field of discursive practices set up around AIDS:

And we, as an alert people in the crisis, see that the sovereignty of time over our bodies and our consciousness in fact spins out and is spun from a series of (old) dilemmas: the dichotomy of “the expert” and “the patient,” the dependence on and resistance to organized medicine, the spectacular confusion over AZT’s usefulness, the ideological juxtaposition of health status and risk status, the psychic schism between surviving (guiltily) and dying (unnecessarily), and, most of all, the cracking definition of AIDS as both curable (controlled/contained) and incurable (morbid/menace).¹⁷

The language of AIDS discourse, he posits, functions according to the mechanisms of control that structure our thinking about our bodies and our agencies.

It is this narrative structure of AIDS life, framed by AIDS medicine, that governs my reading of the Museum for Health and Medicine’s display. The microscopic images and the diagrams told with the authority of abstraction and naming call into being the frame for understanding AIDS as a social and cultural phenomenon. Within the frame set up by the seductive glass, the inviting (if dated) computer game, and the reassuringly sober and beautiful drawings on the wall, with their clarity and ability to explain what’s happening, the protests of ACT UP and the like become incidental, historical happenings as medicine climbs on its way toward the future and “the cure.” The images of protesters are, finally, bereft of power to actually query the microscopic story and its visible truth.

AIDS TV: THE BLOOD HOMOLOGIES OF CSI

Catherine Waldby analyzes how HIV infection is imagined through a confusion between self and nonself, and through the “allocation” of “border-identity” to such organs as the skin. She writes how “the immune system provides biomedicine with a kind of corporeal nanodrama, or perhaps a nanocinema, where the sexual relations

and sexual identities understood to participate at the social level in HIV infection can be rendered into scenarios and played out on a microscopic level.”¹⁸ These issues of gendered identity, self/nonself, boundaries, and style emerge in an interesting scenario in an episode in *CSI: Crime Scene Investigation*, in which gender relations and issues of purity and contamination are played out in various ways.¹⁹

The episode, “Snuff,” was screened as part of the third season of *CSI*, well into its highly successful run. It’s interesting that AIDS, such a strong visual and discursive presence in the late ’80s and early ’90s in U.S. culture, finds very little expression in this drama. Apart from a few asides, AIDS is not often a story line in the prime-time screening series.²⁰ In this episode, though, it becomes the narrative’s linchpin as its presence becomes the surprise solution to the detection of a murderer. And even if HIV and AIDS are not mentioned until the last minutes of the episode, the themes of invasion, infection, pollution, and its avoidance run through the whole of it.

The A story line of “Snuff” concerns the murder of a young woman in a cheap porn film. A film developer has called in the *CSI* team after one of the films she’s working on contains some rather disturbing images of a man taking a knife to a woman after filming a more traditional porn scene. This play with urban myths (such as snuff movies, movies in which someone is killed for real) is an ongoing feature of *CSI*, whose story lines also deal with riddles such as scuba divers dropping out of the sky in the middle of the desert, a pensioner cutting up her husband in order to continue receiving his pension, and a frat boy choking on a piece of liver as part of a hazing ritual.

In the case of the worried film developer, the team confirms her fears: what’s on the film is real—this is indeed a snuff movie. During the episode, the various detectives then piece together a case out of the meager information contained in the blurry film image. They identify the location of the murder from a manipulated movie still and the location of the city skyline in it; they identify participants by blowing up partial film frames; and so on. It is in the course of this investigation into porn industry practices that the issue of HIV comes up: all actors and actresses working in this industry must submit to regular blood tests, and the results of these tests are published on a Web site called Adult Entertainment Health Network (echoing both issues of surveillance and the penetration of different industries in contemporary online environments discussed in the previous chapter).²¹

The B story line of the episode opens with images that are much more familiar, conceptually, from AIDS scare movies. In this story line, a corpse has been found, but the corpse is infested with fire ants, and all personnel working the scene have to wear protective gear. Soon, the screen looks like a scene from *Outbreak* or another disaster movie that deals with viral contamination. One of the officers securing the dump site—the harsh lingo of police procedures characterizes the series, offset by a

reverential treatment of the corpses, the main clue fields delicately and attentively gone over with white-gloved hands—has been bitten by an ant, and his blistering arm heaves into view. The head investigator, Gil Grissom, comments, “All species who find themselves in an environment where they do not belong can do this kind of damage,” foreshadowing themes of the borderline, penetration, invasion, and infection.²² The corpse itself is shown as a skeleton, swarming with a red mass of ants, an unnatural flesh. Grissom calls it a “colony site”; different populations, different species, unbridgeable differences are set up in the scene.

After a cut, the episode is in the autopsy room, and we see the series’ doctor, Robbins, struggling with a contamination suit; both Robbins and Grissom are covered from head to toe in white, with facial shields. They work behind plastic sheeting, dulling the vision of the camera, which occasionally focuses on them from behind the plastic, showing a blurry, tainted image. The director of the episode comments on the commentary track of the DVD version of the series that he was looking for an image of “monks praying to a corpse” in the setup of the scene. In this scene, however, the ritual forensic performance does not seem to embody reverence for the corpse (the dried-out skeleton is actually yanked about quite vigorously by Dr. Robbins); instead, the act reminds me much more of the grainy footage of the supposed dissections of aliens in underground camps in Roswell, New Mexico. Without soft flesh to touch, or smooth surfaces for the camera to pan over, the *CSI* machine seems to kick instead into a visual rhetoric of the body as a foreign country, a visual metaphor echoed in the ants crawling around on a strange, barren moonscape of desiccated flesh—the colony.

The sense of strangeness is confirmed later on in the investigative process. The defleshed head of this corpse holds strange clues for the facial modeler brought in to help identify it. The measurements seem off. The modeler talks about the clay model emerging under her fingers as “distorted, weak nose, odd, too short, too wide”—all negatively connoted descriptors. This negative presentation of the emerging head stops when it becomes clear to Grissom that the murder victim had lived with Down syndrome. Grissom is often set up in *CSI* as the voice of disability consciousness, as he himself is experiencing congenital hearing loss, and he is fluent in sign language. During an episode in which a convention of small people meets in Las Vegas, Grissom positively bristles with pro-disability statements, laying into everybody who wisecracks “midget” jokes.²³ And indeed, in many ways *CSI*’s ways of dealing with disability is progressive: in the flashbacks that show the defleshed skeleton living as a young man, Randy Traschel, he is played by Blair Williamson, a professional actor born with Down syndrome. In the “Snuff” episode, though, the language of contagion and containment that characterizes the visual field comes back to haunt the representation of Traschel, who has been holding down a job and functioning appropriately in his social environment.

As the reason for his death becomes clear, issues of foreign agents, aliens, and contamination emerge again. Randy had been a worker on a stud farm, where modern cowboys parry with bulls. Randy, an outsider who is shown without any ties, family, or friends, mucks out the stable. After his disappearance, an illegal immigrant is hired to do the same job. In flashbacks, the episode shows us that Randy had been an appropriate worker, but that his emotional makeup made him an outsider in this scene. His habitual smile is seen upsetting Billy Rattison, a pro bronc rider. Randy annoys by overeagerness and (from the rider's perspective) overfriendliness. The closed community of the manly men, visually represented by the round corral, is reacting with violence to the intruder (the young smiling man hanging over the fence). Identified as the contaminating foreigner (contaminating a specific version of masculinity, a specific ritual with rules unknown to the young man), he is made fun of, maltreated, and in a final brawl killed. His mode of killing references iconically the closed terrain he wandered into: he is spiked on the horns of a bull rack mounted on a powerful truck. Images of macho masculinity compound: the boot that kicks his dead body into the truck's toolbox has a spur, and one of the spikes of the spur, broken off, leads the investigators on a track to the corral. Once there, the CSIs find the contamination left behind.

The bull's horn offers up invisible traces of Randy Trachel's blood as one of the investigators swabs it with phenothalein. The contamination is literal, the victim's blood, and figurative, with a suppressed hate that seems to tint the images at the corral in red and orange. Men, horses, cars, disgust at the display of affection,

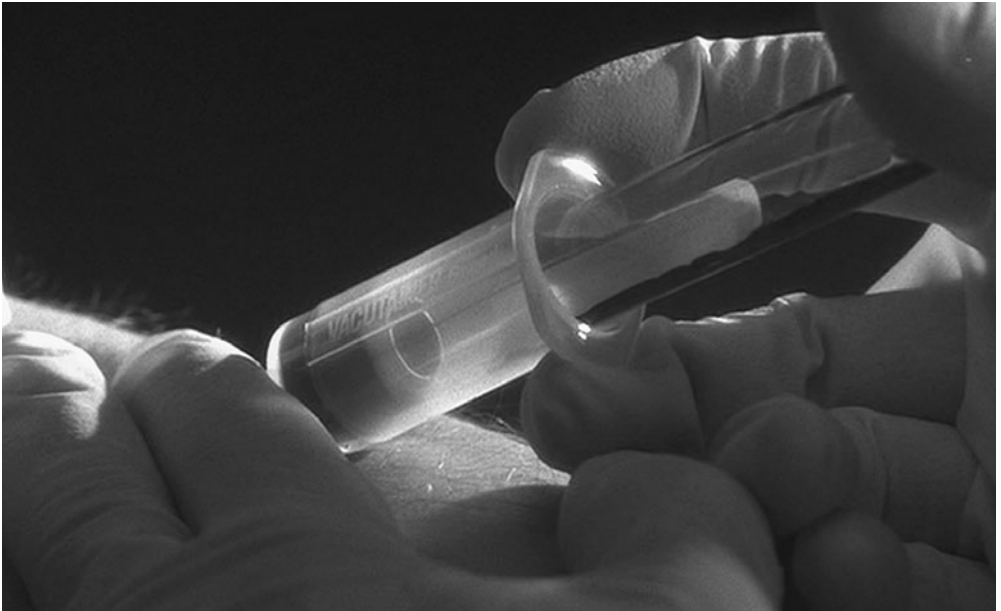


Smiles over the fence in the episode "Snuff," CSI: Crime Scene Investigation, CBS. Directed by Kenneth Fink. First air date: November 2002.

violence in exchange for smiles, the killing of the outsider who works by different emotional rules: the gendered dimensions of the story line speak about visions of masculinity but take on a different hue, a different hate crime, in the light of the AIDS narrative developing elsewhere.

While this story of a boy wandering into a closed circle and paying with his life plays out on the B story, the blood narrative of the A line picks up pace. This story culminates in a confrontational scene in which the suspect, Douglas Sampson, is brought in. He is wan, pale, and coughing occasionally. In a previous scene, we saw one of the visual markers of the AIDS/HIV connotative context: a syringe took his blood, up close and personal on the screen. The investigative team has meanwhile found the woman's dead body, covered in plant matter like a latter-day Ophelia, and has established, by analyzing her cerebral spinal fluid, that she had been HIV-positive. Sampson denies vigorously having had sex with the dead woman. But investigator Catherine Willows explains the medical mystery to him: he is experiencing the onset of "original flu—usually presents two to six weeks after exchange of fluids. . . . the temperature is your body working up a resistance to the virus."²⁴ A visual track presents what has happened, using the vocabulary of contamination and gender to full effect. What we see reflects the choreography of animations showing sperm racing toward the large egg, but with a different narrative.²⁵

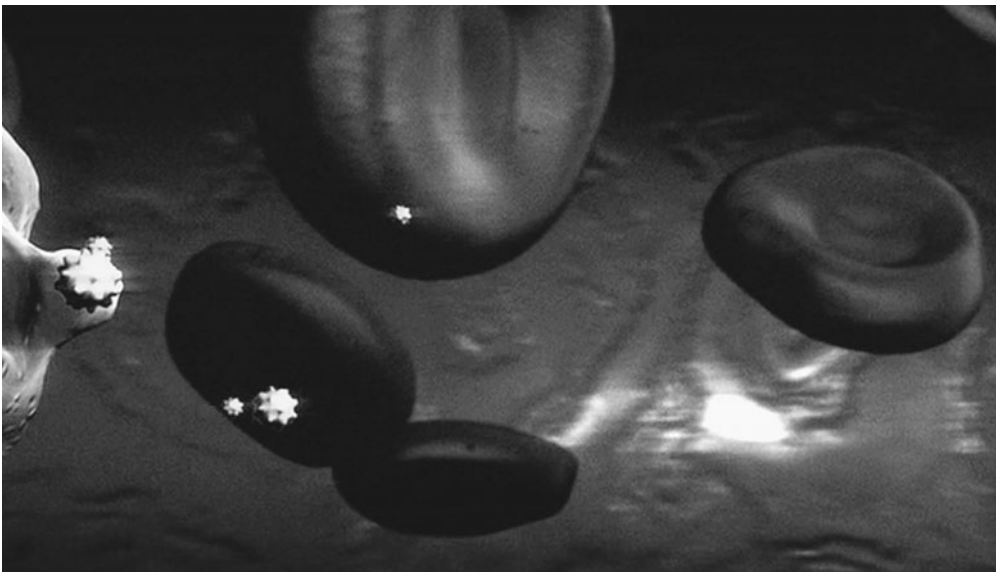
The first shot, photorealist, shows a flashback (in *CSI* usually stylistically heralded by a blurry, overexposed quality) of Sampson, knife in hand, with blood



HIV test in "Snuff," CSI: Crime Scene Investigation.

splashing onto his white skin, the color contrast enhanced by the slanting light falling onto the scene. A cut brings the camera closer. The audience sees Sampson's eyes, blinking, with dark-red blood covering them, obscuring the white of his left eye completely. The scene transforms from photorealism to computer graphic. In the computer graphics, the point of view travels toward the cornea, pans to a side view, and moves farther in. This transgression of bodily boundaries, of coming too close for comfort, is the hallmark of *CSI*'s use of computer graphics. Here, the hystericized body boundary of AIDS gives way to a strangely beautiful, clean, and fascinating world of computer-generated vision of eyeballs, blood vessels, and blood cells.

The view begins from outside the body, moving in, disregarding any boundaries, skin, muscle tissue; we see first the now-transparent cornea, then the inner curvature of the eyeball, covered with a streaky red plaque (the foreign blood). The "scientific" microlevel gaze is unhindered and not contaminated by technical assistance. The image dissolves into large magnification; the scene being established, we can travel farther in. The point of view shows the sinewy line of a small blood vessel, with large shapes inside. From there, the camera races farther inward and to the left, until a small green dot comes into view. It becomes larger as the point of view travels and is seen chasing a slightly larger green dot. The dots are still tiny in relation to the other matter on the screen: large, soft-looking, dark-red shapes familiar as red blood cells. But they are growing as the camera travels left. The dots become green, spiky shapes, brighter than the soft red shapes. A visual cross-cut between the A and B scenarios is set up here: spiky and round was also the shape of

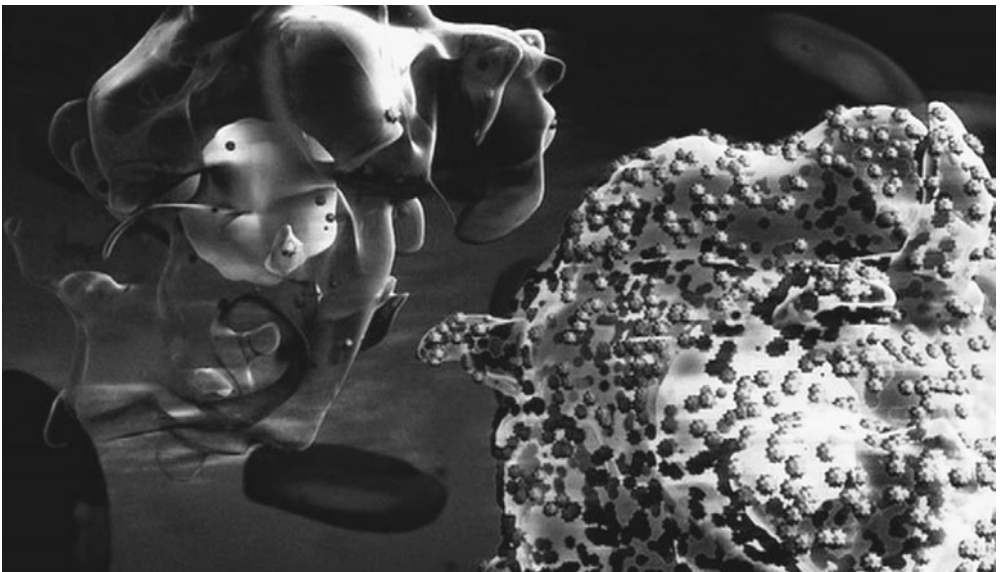


Blood cells and HIV: computer graphic of human veins from "Snuff," CSI: Crime Scene Investigation.

the cowboy boot spur, the one physical trace of Bill left with the rotting body. Male aggression was the signified in the B story; in the A story, the gender allocation of the virus is more complex.

Finally, we see the aim of the green meteors: a translucent, whitish mass, fragile looking, like a ghost. As the time line develops, multiple green dots appear on the fragile membrane, until the left-panning point of view shows a second one of these shapes still virginal and tender, heaving into view next to the first one, which is now a giant green monster, dotted, lumpy, and glowing. Catherine Willows provides a halting voice-over to this animation: “Where the new HIV cells immediately started attaching to your healthy white blood cells. Gets inside one, replicates about two thousand times. Disables the host cell, pinches it out, infecting more good cells . . . lowering your immune system until your body loses its ability to fight off even the simplest invader.”²⁶ The impact of the scene is visual—green versus red, foreign matter versus familiar shapes—instigated by the small green dot racing for the diaphanous fragile cell.

The HIV scenario described by the various critics I discussed earlier, the masculine virus taking over female matter, is played out elaborately in these visuals, employing both the radioactive green conventionally used in alien depictions (think *The Hulk* or the light-green hues of many aliens in *The X-Files*), and the hard/soft contrasts associated with traditional gender imagery. But the scene is made more complex by the site of infection, the eye. Immediately after the computer graphics sequence, the two investigators explain to Sampson how they know that it was the dead woman who infected him: they initiated a “phylogenetic analysis” and found



Blood cells and large HIV: computer graphic of human veins from “Snuff,” CSI: Crime Scene Investigation.

that he had the same strain that had originally infected the murdered woman (who, according to the doctor, “lived on borrowed time”):

SARA SIDLE: Of course, the strains will have changed by then [once his system is fully compromised] and you and Susan Hodap will have a different strain of HIV. The sooner you see a doctor, the better your chances for longevity.

CATHERINE WILLOWS: But for now, we got you. . . . You killed her.

[Sampson looks at Sara.]

SARA SIDLE: I guess she killed you back.²⁷

“She killed you back”: the hard green dot traversing his system was the emissary of the dead woman, the payback, the revenge fantasy. Susan Hodap, the young woman whose death disturbed the film developer so much that she called the police in, finds her own revenge through the pathway of the eye.

Masculine violence led to this destructive path: it was Sampson’s knife, with its phallic connotations, that opened the wound that sprayed him with her blood. So does this show a woman’s agency? The writer, commenting on the scene on the sound track, describes how she wanted to show “HIV with power”—not just yet another “victim.” Accordingly, it is the two female investigators who confront Sampson and narrate the presence of his disease for him.

Waldby’s “nanodrama” is here indeed a “nanocinema”: the microscopic scene plays out the contamination with dirt, with violence, with male anger, which is so much associated with pornography, and which is of course popularly called “smut” films—so much dirt. And dirt gets the man: the excess of the woman’s blood. Waldby extends Grosz’s observation that “the repetitive figuration of women’s bodies as contagious and engulfing, may be a function of the projection outwards of their corporealities, the liquidities that men seem to want to cast out of their own self-representation.”²⁸ As Waldby says, “In other words, men are able to secure a self-image as stable, self-enclosed and individuated, untroubled by fragmentation and confusion, only through projection of these fluid and cloacal qualities onto women, and, in the context of AIDS, gay men.”²⁹ Waldby’s observation is particularly apt in relation to this episode. A woman infects a man with AIDS (even though she has to be murdered in order to do so), and men kill a young disabled boy because he seems to threaten their particular version of masculinity. Murder during porn is here so dirty that it engulfs the perpetrator, entering him through the sensitive organ that is the focus of porn to begin with, and muddies the waters from there.

The eye is an organ whose rupture is even more tabooed in popular culture, making the iconic status of Luis Buñuel’s sliced eyeball such an enduring image. In this episode, the eye becomes a site of lability: both the lability of a moral universe that requires porn movies in the first place and the lability of distinctions between sexual and nonsexual behavior. In the case of Sampson, who as a director and

producer of porn and snuff movies nourishes a demand for “eye sex,” this eye sex (that is, the connotation of AIDS with sex) gets him in the end. This analogy works because this *CSI* episode is careful to set up a scene where AIDS is exclusively associated with sexual intercourse, and no distinction is made here between heterosexual or homosexual sex. This is an HIV/AIDS narrative of the twenty-first century, where the antigay story line of AIDS is not made visible and is translated and transposed into the B story line instead, addressing gay stereotypes obliquely through a different outsider position.³⁰ Investigator Sara Sidle states: “Nonsexual transmission is extremely difficult, but obviously it’s possible.”³¹ This statement is completely nonsensical, given that transmission through needles, to give one example, is a significant health issue, but the blinkered view is necessary in order to lock in the episode’s logic that triangulates eye, blood, and sex in the AIDS scenario.

As a series, issues of self/nonself, of leaky bodies and invisible traces shape *CSI*’s world. Evidence is everywhere—a person transfers material all the time, leaving stuff behind, picking things up—and it is only on this premise that *CSI*’s investigators can act to solve the riddle of the crime. Against this messy world, the inside of the human body in *CSI* remains a land of simple shapes, clear colors, and calm waters, only disturbed in extremis at the point of violent entry. In the autopsy lab, a calm descends, and the hectic nature of Las Vegas’s pinging, humming, bright, and noisy scene retreats.

The body as the site of infection and the body as the site of evidence: the sight of *CSI*’s stylistic choices affirms the holy/wholesome nature of the body’s pristine clarity. The ritual priests stand over the body, decode its message, and point out to each other the clear traces violence and living have left behind. *CSI* privileges the anatomy lab and the microvision associated with it as origin of all the various biochemical, psychological, environmental, and other investigations of the lower-ranking *CSI* investigators. This setup echoes Waldby’s analysis of biomedicine’s panoptic strategies, where she presents a “map of biomedicine’s claims to visualise the entire social field of bodily activity, from the molecular to the national, from the external and publicly visible to the most recessive and private.”³²

It is this clarity of vision that *CSI* fetishizes as well, and at its heart stands the ability to see the human body *as it is*, along with the corresponding ability to identify clearly what is external and doesn’t belong to the interior perfection. The autopsy’s gaze is swift and sure—the TV audience cannot be kept waiting in this hour-long slot—and not only are HIV tests done in mere hours, but in addition complex and hidden microscenes in unlikely sites never escape the doctor’s ability to make visible.

This ability also extends into temporal flow. The HIV computer graphic showed *CSI*’s trick of representing the body modification or invasion as it happens, at the original time of penetration. The priests in white can read into the past and,

as Sara Sidle and Catherine Willows show as they present the killer with his body's futurity, can extrapolate into the future. They can literally see: their imaging machinery always reports back to them what fits, what makes a good story. It is this ability of science to make sense that Waldby calls "homologic." Homology acts as one "of the chief means through which biomedicine anatomises cultural events, . . . where similar propositions about and models of relations and processes are moved through different levels of scale."³³ Within the story lines of a TV series, this homologic functions particularly well. The dubious morality of porn and the inevitability of the death of a young man who doesn't emote "appropriately" can be events to be mourned and investigated with rigor by a science team of feminist, color-blind, and anti-ableist men and women, but they also map perfectly onto the logic of cells and organs of the body. And this metatruth, shored up by the cultural logic of scientific representation, will close the book and make sense of the violences that humans perpetrate on one another. That is the way the world is.

HOMOLOGIC HORIZONS: THE ALCHEMY OF HAMAD BUTT

But not everyone is happy with the world as it is. A different homologic can set up different interpretive schemes, looking for confirmation and substantiation elsewhere, not to biomedicine, but to other sites of authority.³⁴ To draw this chapter to a close, I will focus on one set of artworks emerging out of the AIDS crisis, the art of Hamad Butt. London-based artist Butt's installations create an argument about different ways of knowing in science and art. His artworks have referenced alchemy as a way of knowing: "Alchemy offers the antithesis of science: a voyage of the subject into itself."³⁵

In order to interrogate the knowledge procedures of scientific inquiry, Butt illuminated the desire machines of books. The installation *Transmission* (1990), for example, consists of glass books, displayed open on delicate wire stands, entwined with ultraviolet lights, which together make up strange, insect-like bodies (echoing oddly transformed male genitalia, a link Butt himself makes in his writings). The books are set low on the ground, not human shaped, at human level: alien book creatures glowing in the dark. This unnatural knowledge is echoed in the etchings in the glass pages, a motif from John Wyndham's sci-fi novel *The Day of the Triffids*.³⁶ The light of knowledge reveals the monsters of sci-fi—as science fiction, the fictive side of science, the desire for books with new stories.

Sarat Maharaj transforms the gallery experience into poetry and writes in *Familiars*, Butt's artist's book about the installation: "dervish ring of open books. / Electrified and neon-lit, / Whirling, wordless circuit."³⁷ The spinning dervishes enter the image here, set the installation in motion, combine Sufi dance with ancient knowledge traditions.

Alchemy is a knowledge system that spans both Muslim and Christian scientific roots, echoing Butt's own cultural location. In other ways, too, Butt is located between states: during the time that he created his works, his body converted, from being HIV-negative to being HIV-positive to having AIDS. Sublimation, moving from one state to another, is a theme in his science installations in which gases and solids are encased in glass and installed either in the industrial spaces of London and Southampton galleries or in rooms that reference science libraries. Strict, clinical setups and the toxicity of many of the materials used in the installations clash with the fragile glass, the suspended arrangements of his work. In *Familiars Part I: Substance Sublimation Unit* (1990), glass tubes encasing toxic pink gas (iodine under



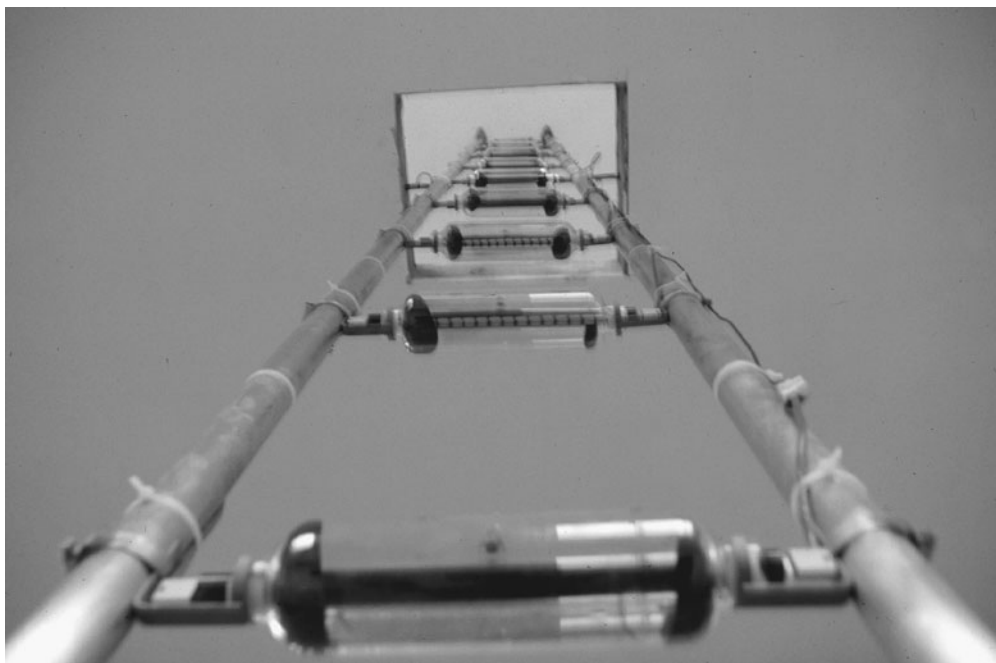
Hamad Butt, *Transmission Part I: Illuminated glass books*, 1992. Courtesy of Hamad Butt Foundation Collection, London.

vacuum, warmed to a gaseous state) and infrared lights create a ladder to hold no body, referencing the *santa scala*, a holy ladder to perfection.

Stuart Morgan describes how this change of body state inflected the shape shifting in Butt's work:

By this time, Butt's art had become, among other things, a meditation on his own medical status, which was to change so quickly from HIV positive to Aids. He recognized only too well that others might choose to ignore this as a factor that subtly altered or even determined the meaning of everything he had done. To him, the artist as alchemist or shaman which lived in daily contact with an adopted family of shapechangers, like those triffids who looked like children's toys but who might nevertheless overwhelm the earth, and who had a decided advantage over us in their ability to move between various states of matter, like mythical beings or cartoon superheroes.³⁸

Butt died in 1994, a year after his partner, and *Familiars* was published posthumously in 1996. *Familiars*—the name speaks of helpers in the transformations, in the magic of change. A hologram is set into the book's cover, a ghostly image of a dancing person whirling in the in-between of light traces constructed to give the illusion of depth and movement, hollowing out a place in time and space for Butt's work. In sublimation and change, Butt opens up "the way the world is": there is more, and we *can* move elsewhere.



Hamad Butt, Familiars Part I: Substance Sublimation Unit (ladder), 1990. Courtesy of Hamad Butt Foundation Collection, London.

Butt's work stands here as the lonely example of an art community transformed by the AIDS pandemic, by the deadly toll the disease has taken, but also by the social attitudes that have shaped openness about bodies, sexuality, and identity at times when these themes were most productive in many branches of art making. Change, death, and the biology of different agents acting within and without bodies have influenced many artists, many directly in response to AIDS. In this chapter, I investigated the logics of AIDS's visuality and the inevitability of its temporal path and spatial site. The medical museum, the popular TV show, and Butt's art installations all provide different perspectives on issues of certainty, authority, and difference.

But having analyzed my own experiences, I am also aware of other readings, other intersections with the kinds of authorities I saw at work in these practices. During my day at the museum, a few other people walked through the rooms, and eavesdropping on their conversations, I know that personal medical histories and remembrances of other people (using iron lungs, having battlefield surgery) are kicked off by the material presented. In a similar vein, few people will watch the *CSI* episode with the same attention to the medical that I brought to it: a more dispersed, flâneurial attention to the flickering screen in the corner of the room might well undermine the authorial certainty I see in their affirmation of AIDS's outsider story. But these are the framings, the discursive maps that parse out AIDS as a public discourse. Butt's segue into science fiction and alchemy presents alternatives—even his Triffids are well-beloved creatures of popular culture and offer up spaces to recast positions of self and other in an oblique view of medical imagery.

Different ways of knowing the world emerge in medical museums, TV prime-time serials, and art installations. Sobriety and theatrical excess, warriors and outsiders, abrupt systemic change and monsters from outer space: different kind of knowledges naturalize themselves in visual and performative practices around bodily fantasies of HIV/AIDS. The relationship between body and image, naturalized and (only ever partially) made invisible in the practices in the museum and in the serial, come back into focus in Butt's work. Alchemistically, unrelated elements merge into one another and sublimate into new, different states. Bodies emerge in the fragilities of glass and gas, and the clarity at the top of Butt's stairs is unattainable.



7. Reaching Out

**OUTSIDER ART, SPECIALISTS,
AND POSITIONS IN BETWEEN**



SO FAR THIS BOOK HAS TOLD STORIES OF AGENCY—of ownership, decisions, actions; of bodily processes and performances; of arrests and stabilizations. This final chapter will focus once more on a fascination with the loss of control: the loss of individual agency in extreme situations, and the recuperation of partial agency through creative re-vision, re-hearing, and new spatial practices. Confinement and escape are the spatial acts that I wish to cite as the underlying tensions pressuring the readings here: the historical confinement of patients in mental health institutions, in hysterical paralysis, and in the operation theater, and the conceptual confinement of categories that keep doctors and patients apart and that assign roles of specialist and agency-less carrier of symptoms.

The first of the two situations I want to look at is the psychiatric institution, a historical alignment of patient and specialist labels that gave rise to its own art form, Outsider Art. Since the closing of many long-term psychiatric institutions, not least because of the antipsychiatric writings of Michel Foucault, Félix Guattari, Gilles Deleuze, and others, the definitional scope of Outsider Art has widened considerably. I will trace several of these contemporary meanderings, excavating the desire to see neurological otherness in celebrated dance events such as *AtaXia*, but also binding it back to the equally celebrated outsider artists who have found their way into art history's consciousness.

This chapter's second thematic complex extends issues of insider and outsider by looking at the relations between patients and specialists. Two performances, a theater performance in London and a music theater performance in Brisbane, bring documentary evidence of patients and doctors in contact with one another

and weave the audience into a net of new relations. In all of these actions, communication structures break open as new gazes and perspectives open up, and both cloud and reveal the mechanics of interaction among patients, doctors, art historians, and stage professionals. The view from the side, the oblique angle, presents bodily fantasies as sites between the private and the public, not in a balance but in the space-off, in the excessive narrativization that accrues to bodies read within institutional systems.

I take my use of *confinement* from Foucault's analysis of madness and its social practices, and I acknowledge that Foucault's historically specific genealogical narrative is different from my use of confinement as an immobilizing category. Madness, and its diagnosis, has a privileged place within struggles for legibility and discourse. Foucault's analysis of the psychiatric age in *Madness and Civilization* represents an age of division: the mad are confined away from civilization and outside of society. They are mastered by specialists, who own the objective knowledge about madness and orchestrate madness as an experience and phenomenon. A split occurs between a subject's experience and the locus of knowledge about the subject; the clinician's discourse negates the discourse of the mad—they become objects, no longer experiencing subjects. Foucault shows the historical differences in thoughts about madness by analyzing drama as public discourse. He focuses on Racine's *Andromaque* as a play about the last tragic moment of madness, at the threshold where "madness still had access to language, to a renewed language of explanation and of reality reconquered."¹ In the age of confinement, the manifestations of madness are no longer thought of as signs of another world. Instead, the mad enter the paradoxical place of "nonbeing," a place outside the social and outside language, a place characterized by confinement: "Confinement is the practice which corresponds most exactly to madness experienced as unreason, that is, as the empty negativity of reason; by confinement, madness is acknowledged to be nothing."² Madness becomes a sign of an age, splitting discourse and experience, a symptomatology that revisits the social through an emphasis on the division between mind and body. Foucault moves on from this moment in his historical analysis and sees other relations unfolding, but I will stay with the themes and images set up here, including Foucault's move to art practice (Racine's play) to pinpoint cultures of diagnosis and readability.

The issues of splitting, distance, and confinement also shape the discourse surrounding the rediscovery of production by mental health patients within the art world. *Outsider art*, *art brut*, *visionary art*: a whole range of labels exists for art that is not only self-taught but has other outsider qualities as well. The strictest definition for outsider art, emerging out of European art historical categories, is "unconscious art"—art unaware of itself, without reflexivity, without the space to duck under the hail of the institution and carve out a place to turn, commenting on itself.

This unconscious art has been romanticized and celebrated by many. The Surrealists looked for the automatic, the prethought, the brutal, that which breaks through the artifice and conventionality of the arts; the primitivists searched for nature outside the Western circle. These and other artistic movements sought, and continue to seek, to revitalize and invigorate the tired arts of modern Europe and North America. Given the strict conceptual dividing line between the outside and the inside of the mental asylum and the hospital, creative labor within psychiatry was at least as far outside art discourses as exotic countries: according to Foucault, the placement of madness in no-sense and “nothing” is radical and complete in its confinement. The label of *madness* takes away the insider status of the person involved; the fact that a person grew up and lived with knowledge of conventional notions of art before madness and diagnosis doesn’t seem to figure in the radical difference many outsider art critics see in psychiatry art.

STRUGGLING BRAINS, CONTROLLED BODIES

To finish framing the argument, I want to point to the themes of loss of control and its siren call at the heart of a well-publicized sci-art (science-art) experiment that took place in June 2004 in the Sadler’s Wells Theatre in London. Here, the outsider issue moves from the localized ward of a mental health hospital to the investigations of biomedicine and onward to neuropsychological investigations.

One of the most discussed dance events of 2004, in Britain but also beyond, was Random Dance’s *AtaXia*. Before the creation of this performance, choreographer Wayne McGregor, director of Random Dance, had been awarded a six-month research fellowship at an experimental psychology department at the University of Cambridge, where he investigated ataxia as a condition that interferes with the body’s ability to coordinate muscular movement. He worked with scientists who had interests in areas such as object recognition and spatial processing, movement analyses, cognitive dimensions of notation, and relationships between representation and self. Audiences and critics were fascinated with the concept of merging scientific research and movement research, and creating a dance based on a disorder. McGregor choreographed *AtaXia*, a performance designed with the help of his experience with neuroscientists, with Sarah Seddon Jenner, a person experiencing an ataxic movement disorder, as well as with his troupe of well-trained, professional dancers. With the input of this team, McGregor choreographed dance based on a medical condition that disrupts movement and overloads nerves.³

There is a long tradition of work akin to this: postmodern performance companies such as Societas Raffaello Sanzio have used autistic performance modes to create images that speak about contemporary conditions of communication. Here, though, the focus does not seem to be on disability as a metaphor. Instead, disability

and bodily difference emerge as formal principles and create a nonstoried attention to different ways of being in space. But of course, this formal moment is impossible: people who go and see *AtaXia* know about the title's signification as a medical term and seem to read some form of narrative content into the movement patterns presented.

And it is not just the bodies that play with disruption, starts, stops, overload: the stage for *AtaXia* has a mirroring backdrop, multiplying the movements and bodies on stage. The bodies themselves are enhanced by costumes shot through with fiber optics, lighting up movements and speed. During the dance itself, the governing principle of movement is control, and the loss of control. An arm gets arrested midarc, thrashes, hacks at the air, and seems dissociated with the dancing body.



Publicity still of AtaXia, 2004. Photograph by Ravi Deepres.

The language used by various reviewers pivots on these issues of control. For instance, in a typical response Jann Parry writes that “the [dancers] have gone from hyperalert interactions into a mode where they seem taken over by a force outside themselves.”⁴ The notion of movement attention, and origin of movement control, becomes central to the reception of *AtaXia*. As a piece of dance laid out in front of the spectator, far away on an elevated stage, the image of moving bodies becomes that, an image. The additional information provided by program notes and the intertextual universe of media attention as well as the significant press coverage initiated by the sci-art experiment must impact audience members’ attempts to decode the visual information conveyed to them by the stage action. With this, the audience reaction embodied by many reviewer comments echoes the creation process—the movement from external knowledge to embodied echo. Seeing the objective body of others on stage seems to be translated back into spectators’ sense of their own embodiment, from objective to phenomenological vision, and from there to the kind of sensation that “movements like that” would have on one’s own sense of being in space. It is this kind of phenomenological and semiotic intertwining I read in Parry’s comments of hyperalertness and foreign takeovers. But this reaching out toward the other body was indeed at the heart of the rehearsal process as well.

Curiosity and research shaped the creation of the piece. Jenner describes her interaction with the company in the creation of the piece (she had contacted McGregor after hearing about his research residency, eager to share her own, embodied information with him):

I came back for a 135-minute question-and-answer session with the company, during which we covered many of the things they had learned in the research context, as well as working through some of their own observations about movement, dysfunction, and how bodies cope with impairment.

The whole piece really started to make sense to me, though, after a rehearsal I did with the company during which one of the dancers (Leila Dalio) and I worked through some choreographic exercises.

The whole company, including Wayne, was in the room, but they all appeared to be working intently on their own material. I was concentrating on lasting three hours without (a) forgetting my movements; (b) injuring Leila by leaning on her too much; and (c) falling over. So, I didn’t realize until I saw the finished dance how carefully I’d been observed.

Some examples of ways I move that made it into the finished piece: I scoot on my backside along the floor rather than stand to move from one place to another. I touch people and things not so much to bear weight as to help orient myself relative to them. As I get tired, I lean on others for support, and more often than not, I get that support.⁵

In her discussion with me, Jenner mentions how her contact with the dancers taught her important information as she continues to adjust to living with ataxia:

the information reflected back to her by the trained bodies of dancers, well used to picking up unusual movement information, structuring it, and creating communicable information with it in the form of choreography. Through these translatory processes, Jenner's embodiment echoes back to her across the image of the dancers on stage: personal memory, the narratives of "how I move," "how I touch" interact here with the movement patterns on stage. In the in-between of her own body, her memory of the performance rehearsal, and through the performance, a new image of her own movement quality emerges for her.⁶

Toward the end of the piece, a screen descends as a backdrop, and images jumble and move across it. The sound scape, "Trance," is provided by Michael Gordon and is played live onstage by fourteen musicians, often painfully loudly (a feature commented on by various reviewers). Parry's review once again makes a link between her own being in the shared space of the performance environment and decodings of affect—she discussed how the character of thought itself becomes experiential: "The result is an hour-long dance that overloads performers and spectators with more information than we can process. We're made aware of how our brains are struggling to cope."⁷

I wish to take my cue from this being "aware of how our brains are struggling" to investigate the aesthetic experiences provided by those who are diagnosed as not normative, and who use different means to open their experiences up to "specialists" (be it to dancers, in order for them to learn a new movement language, or to doctors, to communicate about illness, or to other outsiders). Outsider art, with its multiple definitions and its ongoing fascination, has often been hailed as opening up a window into the brain, into creativity itself, into the acts of thinking and creating.

OUTSIDER ART: ON THE BORDER

Colin Rhodes conceptualizes Outsider Art not as a stylistic movement, a historically bounded phenomenon, or a cohesive group, even though all these elements have played a role in the making of the *Outsider Art* label. At its most basic, Rhodes claims, Outsider Art is not defined by art-historical markers, but

its descriptors tend to be based more on sociological and psychological factors that are held together principally by commonly made claims by Outsider Artists' apologists about the artist's fundamental difference to or antagonism towards a supposedly dominant cultural norm. This difference is not merely marked by exclusion from the mainstream of the professional (western) art world, but also by exclusion from, or marginalization in relation to, the very culture that supports the market for mainstream art.⁸

Rhodes and other writers trace the intricate history of the label, itself always in flux as the stability of a definition undermines the venture from within. At the heart of

most definitions, though, seems to lie the paradox of the (im)possibility of absolute difference and yet absolute revelation. Alienated from the signifying (and marketing) systems of their own culture, Outsider Artists are seen to reveal core truths about the human (and cultural) condition.

Psychiatrists were the first people who became interested in Outsider Art, in particular in art that emerged out of psychiatric institutions and art created by children. The term *Outsider Art* was created by art writer Roger Cardinal, as an attempt to translate the term *Art Brut*. This term, in turn, was coined by Jean Dubuffet, a French painter, in the 1940s. Dubuffet, a figure within the Surrealist movement, saw the potential to bridge the gap between psychiatry art, which was beginning to be collected in the last years of the nineteenth century, and mainstream art, re-vivifying the latter in the process. Other important figures in the development of the label include the Austrian art-historian-turned-psychiatrist, Hans Prinzhorn, who created an extensive collection of psychiatry art, and the Swiss psychiatrist Walter Morgenthaler, who discovered and collected the works by Adolf Wölfl.⁹

The concepts of truth, the original, the origin, became the crucial point of what became Outsider Art's reign with Jean Dubuffet's classic *Art Brut in Preference to the Cultural Arts*. In unison with other artists and critics who looked to non-European sources in order to vitalize the cultural scene (for instance, Picasso, and his visits to the African collections), Dubuffet found the unadorned, brutal, undiluted art in another culturally devalued and socially maligned place:

We understand by this term works produced by persons unscathed by artistic culture, where mimicry plays little or no part. . . . These artists derive everything—subjects, choice of materials, means of transposition, rhythms, styles of writing, etc.—from their own depths, and not from the convention of classical or fashionable art. We are witness here to the completely pure artistic operation, raw, brute, and entirely reinvented in all of its phases solely by means of the artists' own impulses. It is thus an art that manifests an unparalleled inventiveness.¹⁰

The object of this inventiveness, again and again, is the body, caught and depicted in fleshy, material fantasies. Even though critics seem at pains to point out that no one theme or aesthetic encompasses all Outsider Art, even a quick perusal of the important illustrated texts shows that Outsider Art falls into the purview of this study not only because of its alignment with the medical practice of psychiatry, but also because of its repeated insistence on re-presenting bodies differently, recycling and modifying dominant fantasies about embodiment.

Karl Genzel, vaguely disguised in Prinzhorn's text as Karl Brendel, was one of the psychiatric artists identified by Prinzhorn (and the only sculptor in Prinzhorn's ten

case studies). One of his sculptures was made out of chewed bread, a common sculpting material in psychiatric or prison settings, where art making is often a furtive and ad hoc activity. The sculpture was created around 1912–13, and is reported to have been about 24 cm high. It depicts a head, rising gracefully from a bowl-like hollow, like a dainty teacup or candleholder. The head has cleanly and finely wrought eyes, eyebrows, a straight, forceful nose, ears sweepingly integrated into the head's lines, and two mouths, one on top of the other. Each mouth is molded in such a way that lips are indicated by an outward sweep of the material. The top of the head is not closed but reveals the rolls of a brain.

Because Prinzhorn was at pains to establish a form of artistic legitimacy for his psychiatric art, he provided biographic information about the creators, and thus we know that Karl Genzel had been a bricklayer, with violent tendencies, whose condition worsened after an amputation of one of his legs. It was during Genzel's legal struggle for compensation that visual and auditory hallucinations reportedly began, and in 1907, he was hospitalized. The head sculpture of 1912–13 was one of his earliest reported artworks. More widely known are his more durable, wooden *Kopffüssler* (head-footers), strange creatures with round heads and sprouting appendages.¹¹

The head attracted my critical attention most strongly, something in the grainy black-and-white photograph of its smooth surfaces, something in my knowledge of its material, chewed bread, speaks to me about an urgency, a dedication, a hunger. Genzel, who found himself prostrate after his amputation and powerless in the face of agencies that wouldn't listen to his compensation claims, creates open bodies, exposed, vulnerable brains, doubled openings, hollow irises. Of course, it



*Karl Brendel/Karl Genzel,
Head, c. 1912–13, chewed bread.
Courtesy of Springer Verlag, Vienna.*

would be too easy to read both biography and history into the little head, about the size of my hand, fashioned by merging the artist's saliva with the hospital bread.

And yet it was in Germany, the country where Genzel was held, that the researcher Friedrich Golz had first reported his experiments with animal cortexes in 1890: dogs whose frontal lobes were removed were calmer afterward (if they didn't die). The supervisor of an insane asylum in Switzerland, Gottlieb Burkhardt, read of Golz's experiments in 1882, and was moved to remove parts of the cortex of six patients who were suffering from vivid hallucinations that made them very agitated. These were the beginnings of lobotomy, a practice that won the Nobel Prize in 1949, and which, more than any other practice, has focused the wrath of mental health system survivors and has led the battle cry in the exposure of the cruelty of psychiatric systems.

Genzel's vulnerable brain sculpture, delicately displaying its wavy crown, twenty years after Burkhardt's human experiments, makes me wonder: did Genzel hear of the early beginnings of this treatment for just his condition, visual hallucinations with violent tendencies? Was there a grapevine among inmates, were there threats, handed on like dark fairytales to make inmates docile, of brain operations and ice picks? Did Genzel, who already had his bodily boundaries invaded in ways that he identified with economic structures and corporate agencies, experience it, did he think about it? The brain under pressure: the creativity machine and the hospital machine churn together in my reading of Genzel's brain imagery.¹²

Among the corridors of galleries and in the leaves of art books on Outsider Art, I find other bodily fantasies as well. I find Aloïse Corbaz's voluptuous, red, orange, and yellow pencil drawings, showing round women composed of beautifully ornamented lines, with abstract fruit or flowers lusciously displayed in place of breasts or vagina. Yellow hair wallows through the images, half-obscuring a dark, long-haired androgynous figure in blue, holding delicately on to the pink flesh from behind. Crowns and gowns complete the image world of sensuous delight, evoked in and through the pink flesh, which is clad in the accoutrements of the court. The image consists of nothing but the ornament, the lushness of style, the round caress of the pencil. When Corbaz died, in 1964, at the asylum, Dubuffet wrote: "She was not mad at all, much less in any case than anyone supposed. She made believe. She had been cured for a long time. She cured herself by the process which consists in ceasing to fight against the illness and undertaking on the contrary to cultivate it, to make use of it, to wonder at it, to turn it into an exciting reason for living."¹³

One of the biographical stories reported of Corbaz is that she had worked as a tutor at the court of Kaiser Wilhelm II, before World War I, and that she had become infatuated with the monarch. In 1918, she was admitted to a hospital, and

she never lived outside an institution again. Another aspect of her story is her love of opera. She had had voice training and she used to sing arias at night in the asylum.¹⁴ These stories do weave their own net, of sexual frustration and sexual voluptuousness (the charge against the excesses of opera), but to me, viewing these gorgeous images, they can't begin to sum up and explain the charge of erotic and all-encompassing vitality that seems to flow from Corbaz's bodily fantasies, her women's bodies, without end, and woven into a fabric of detail.

Within the rules of ownership governing most psychiatric institutions and prisons (another major source of Outsider Art), no excess is possible, and Corbaz's bodies are all about excess, softly undermining hard surfaces, closed doors, and drab colors. Just as Genzel's bodily fantasy of a delicate brain speaks to me of a vulnerability, tenderness, and attention to detail most likely severely lacking in his surroundings, Corbaz's bodies as open, vibrant flows offer themselves to me (in my fantasy) not only as commentary on the madhouse situation, but also as notes about women's confinement in general: how far was her voice allowed to carry?

Institutional frameworks allow only for a life lived in material poverty, with few belongings and with intense focus on bodies and their needs, as the rituals of eating, washing, sleeping, and the suppression of sexuality were (and are) the ordering elements of institutional life. Given this framework, the recurrence of bodies as sites of transformation and fantasy in much Outsider Art is hardly surprising.

*Aloïse Corbaz, Le manteau
du Matador, between 1948 and 1950,
colored pencil on paper, 171 x 58 cm,
Collection de l'Art Brut, Lausanne,
Switzerland. Photograph by
Claude Bornand.*



Whatever definition of *Outsider Art* is used, the outsider quality of cultural marginality is effectively intertwined with material poverty in Western culture.

So far, I have discussed Outsider Art in relation to a reinvention of human bodies. In the artworks discussed above, these new bodies are often depicted in some kind of relationship to the space that surrounds them, with this space thick with markings, paths, lines, ornamentation, matter. These rethought bodies can also emerge, unconsciously, in the display practices of the art culture's framing of Outsider Art.

A sense of bodily interiority dominated my reception of an exhibit at the International Folk Museum in Santa Fe, New Mexico, in July 2004. The exhibition, titled *Vernacular Visions: International Outsider Art*, had lured me to the beautiful, high desert. It brought together five "modern masters" and situated itself in a history of Outsider Art that didn't so much encompass the surrealist quest for the other of civilization but, rather, focused on the vernacular, on embedment, and folk-cultural relations to the personal. It presented "the paradox of this artwork, which is at once the expression of deeply personal visions yet is encoded with visual and written references to the maker's particular place and time."¹⁵

At the back of the exhibit I found the material traces of artwork created by one of the best-known names of psychiatric art in the United States, Martín Ramírez (1885–1960). This particular exhibition framed Ramírez's inclusion into the exhibition by reference to the "vernacular" of its title. In the exhibition catalog, his work is discussed as a meditation on his homeland. Randall Morris, the writer for the catalog, describes how he visited Los Altos, the village that is most probably Ramírez's original home. In Morris's account, Ramírez becomes a figure of the borderland,¹⁶ of a desire to reconnect, to bring back images of childhood, the religious framing of his formative years, and so on. His psychiatric career is not discussed except to be mentioned as an "alleged mental condition."¹⁷ Furthermore, the tradition that reads Ramírez as a traditional outsider—that is, psychiatric artist—is dismissed as ethnocentric: "An unbalanced mind is assumed because of the unfamiliarity of the Western eye to these visual narratives."¹⁸ This assumes, of course, that the label of *psychiatric art* is content-focused, which is a problematic statement. Morris later writes:

Hard psychological facts likely do not exist about a man declared schizophrenic in the xenophobic United States of the 1950s. We know something may have been wrong with him. James Durfee, who supervised Ramírez's ward during the last four years of the artist's life, indicated that had Ramírez been alive now he would at best be an outpatient.¹⁹

Morris's claim for the ethnocentric diagnoses of schizophrenia is well founded: the mechanisms of cultural difference and mental health diagnostic labeling are only

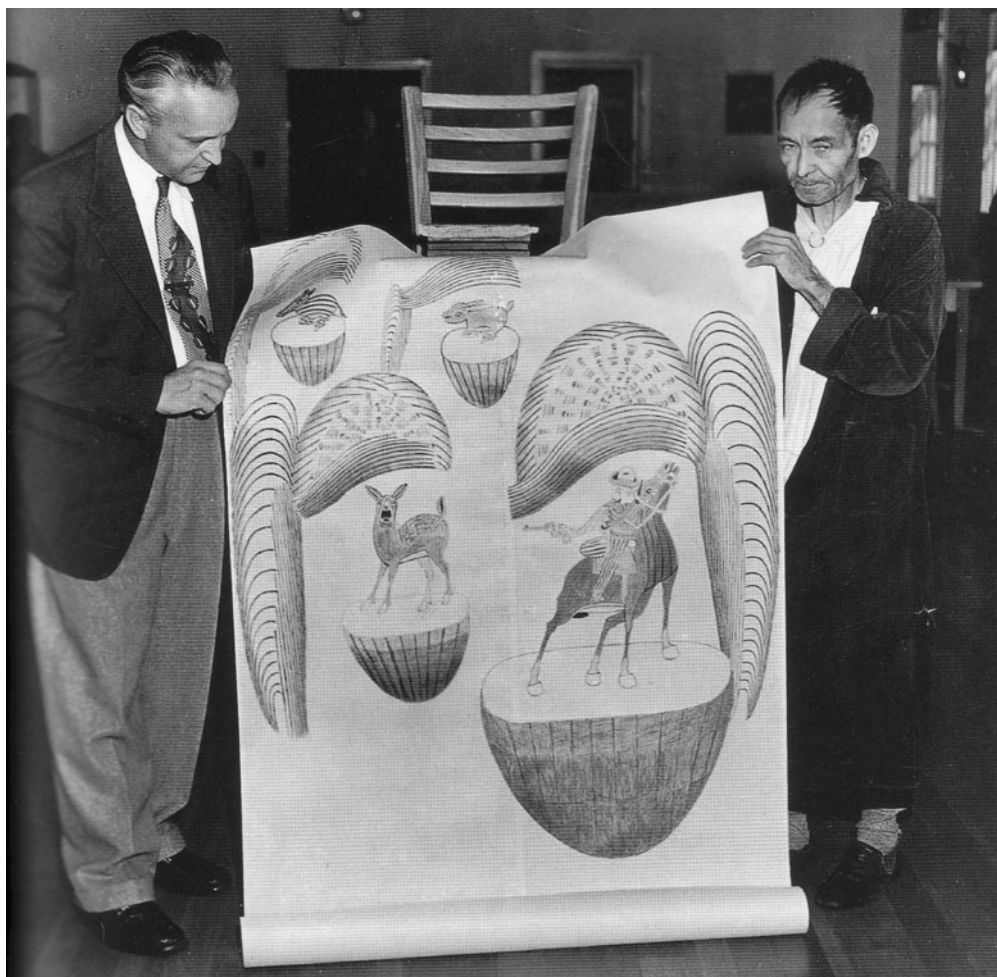
beginning to be recognized by practitioners. And yet there is also a glibness to Morris's comments. He clearly does not know any specifics of Ramírez's history and thus, in turn, stereotypes him as the archetypal nonadjusted immigrant, itself a hard claim to make in the face of the many successful immigration histories by Mexicans. His citation of Durfee's comments are also problematic: mental health policies have changed considerably during the past four decades, and the fact that Ramírez might in the twenty-first century be an outpatient doesn't really say anything about the nature of his schizophrenia label, since most mental health hospitals have long dispersed their patients into the community.

Morris's argument, though, hinges on this shift of focus. To see Ramírez as a patient makes him the outsider; to see him as a Mexican first and foremost makes him a cultural insider and therefore an authentic folk hero in the way that mental health patients of the twentieth century could not have been, given the strict boundaries and the charge of the "nothingness" of madness. Thus, for Morris, the key to Ramírez's art lies in his *homeground*, a term Morris takes over from Grey Gundaker's exploration of African American cultural practices. In Ramírez's case, these homeground themes are the specific nature of Catholicism and the image of the Virgin Mary prevalent in the area; the hunting practices and wildlife; even the religiously motivated Cristeros rebellion (1926–29) with riders hiding in hills, an episode that occurred during Ramírez's childhood and that Morris sees transfigured and recurring in the artwork.

Art historians seem to accept that Ramírez spent the first thirty years of his life in Mexico before entering the United States, and that he became a patient in mental health hospitals in California. Colin Rhodes and John Maizels both report another fact, one that Morris doesn't mention, but that seems crucial in understanding the technology of art historical framing that his work underwent. As he was hospitalized in 1930 as a paranoid schizophrenic, Ramírez was "virtually mute."²⁰ The Mexican iconography is mentioned in both accounts (not silenced, as Morris alleges of unnamed other treatments of Ramírez as artist). In Maizels's book, a photo of Ramírez is reproduced. A small man in a velvet dressing gown over a white shirt, wearing shoes and socks, holds up the top of a paper scroll, supported in the middle by a chair assembly, and on the other side of the paper scroll by a man in jacket, trousers, tie—Dr. Tarmo Pastro. Pastro was the psychology lecturer who first noticed Ramírez's output at the De Witt State Hospital in 1950, as the inmate surreptitiously handed him a few drawings kept beneath his clothes. Pastro saved many of the works from the daily destruction of material that was common practice at mental health institutions and later used some of these images as an art therapy teaching aid. It is this way that Jim Nutt and Gladys Nilsson—members of the Chicago Imagists who later helped found a strand of U.S. Outsider Art curatorial practice—came upon the work.

In the photo Ramírez looks wary, his lips are pressed together, but he is fully involved in presenting his material to the camera. In the years between the photo and Ramírez's death in 1960, he created more than two hundred drawings. A number of those have now been brought together in Santa Fe. And as I stand before them, the intricacies of silencing and the implicated power relations of categorizing press on me. In order to stress the vernacular, locally involved, and grounded nature of Ramírez's work, Morris feels the need to distance himself completely from the label of *madness* and from the hospital that was Ramírez's vernacular environment for thirty-three years. Likewise, the early proponents of Outsider Art negated all cultural influence, all embedment, and isolated their idiot savants on the island of the mad.

Walking through the corridor in the Santa Fe museum, I noticed the material qualities of the images hung up, behind glass: creased paper, water stains, rough



Martín Ramírez and Dr. Tarmo Pasto, 1950s. Courtesy of Phyllis Kind Gallery, New York.

borders, rips. I try to imagine the place of making, the conditions of living and producing. I imagine furtive handling, folding, unfolding. I imagine bodily effluvia seeping into paper slept on, handled beneath a shirt. I imagine the preciousness of these objects that have been ripped out of the flow of time, preserved against the verdict of the hospital. The little triumphs, the heartrending pain of exposure, the sound of ripping as the orderly destroys, with a grin, the day's labor. In full melodramatic mode, I am using the artworks' dramatic marks and their wide arcs to create my own film noir, my own dream incarceration—an imagery film that owes much to Luis Molina's drag history making in the filmed version of *Kiss of the Spiderwoman* (directed by Hector Babenco, 1985).

In this film, Molina, an imprisoned gay man, has to make a decision about whether or not to betray his fellow prisoner, Valentin Arregui. While making the decision, the men explore issues of sexuality, love, patriotism, and loyalty. In a film-within-a-film, Molina (who dresses in drag and self-identifies as female) recounts her favorite film, a campy, melodramatic story about a French woman betraying her German Nazi lover. How much the Mexican angle plays into my imagination isn't clear, given *Spiderwoman's* unspecified Latin American setting. It's hard to shake off these affective visions, these moments of a personal historiography of emotions.²¹ Disability culture's mourning for those lost in the killing machines of lobotomy and electroshock practices, the connections between homosexuality and madness in the history of psychiatry, and the prisoner imagery of Hollywood won't move out of my field of vision. Confinement's reach opens up to me as I focus these historical practices and discourses by my own spatiotemporal location. The moment unfolds like the moment of Benjamin's historian as stargazer, who sees starlight coming together from far distances and time in the moment of perception, lensed through the historian's self and time.²²

I can't know Ramírez—that is the only firm knowledge I can take away from the images and their history of making, storing, display, and criticism. But as the silent man holds up his image, shows no reluctance to display it to the camera, and shares it with the lecturer who has entered the hospital, I take permission to use the images and to incorporate them into my visions of the productive faculties of bodily fantasies. As someone whose critical eye has been trained by feminist discourse and body art, I see something else in these images, a simultaneous impression, vibrating with the local references Morris mentions, and with the religious symbolism.

My eye is drawn to the muscular arches, the tunnels, the striated forms that characterize nearly all of the images in the exhibit. I find it hard to see something other than bodily referents, sexual imageries of the junction of alimental and sexual openings. I look at the animals populating some of the images. Uncommented on by most the critics I've read, the animals, otherwise relatively naturalistically

drawn, share one common feature: their genital regions mirror the tunnel entrances, the striated holes.

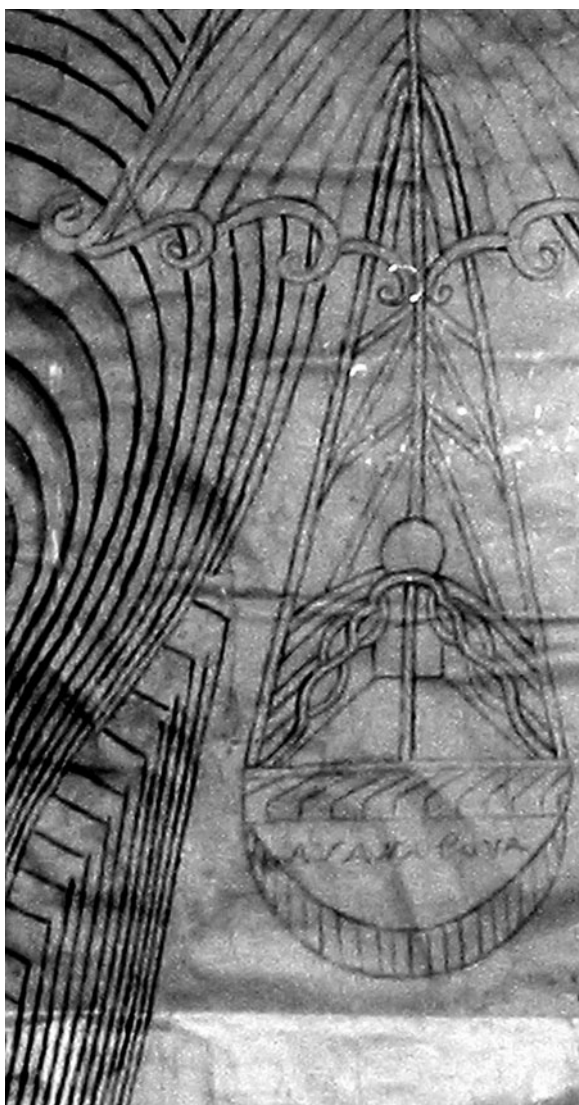
Instead of an absence of genitalia or the existence of vaginas or penises, I find undifferentiated tunnelings—half-moon openings, gently striated, opening into bellies. Some ears look the same way, as does one animal's mouth: these openings into bodies echo the stylistic main feature of the art on display, the round, accretive, repetitious, dimension-evoking tunnels. Energy and movement assault me from these arches, these tunnels. A skeleton is surrounded by rows and rows of curved patterns that echo a human torso, complete with male genitalia. Alimentary canals, intake/output, food and feces, semen and piss: this is the reference field that presses upon me, unifying my reading of the stained paper and the obsessive, creative, energetic, sustained nature of the mark making. Looking for openings, I find them. As Haraway writes, "The knowing self is partial in all its guises, never finished, whole, simply there and original; it is always constructed and stitched together imperfectly, and *therefore* able to join with another, to see together without claiming to be another."²³ This is the affectual excitement of my constellatory history making, my vision of different practices (body art, abject art, outsider art, vernacular art) converging in the images before me *in* me, through my own desirous orientation that attempts to touch and remember those who have gone before.

Entering into the Santa Fe exhibition brought out an alimental, intestinal imagination in me. More than most galleries, the convoluted pathway through this environment, combined with the images and sculptural work I was encountering, seemed to focus my thoughts on the interior of bodies. The walls were color-coded: each of the five artists had a different color associated with him or her (for Ramírez, it was orange), and this, combined with the relatively low lighting levels unusual for contemporary art galleries (but perfectly sensible, given the fragile nature of the material exhibited), created a strong sense of confinement in me. I left the gallery three times during my visit, to sit outside, surrounded by a landscaped Santa Fe plaza area with its blue, cool, desert flowers.

But each time I returned, fascinated, witnessing the incredible distance between this artist and my own free movement in the sun. The material drew me back in. One of the Ramírez images, both untitled and undated, from the collection of Jim Nutt and Gladys Nilsson, in particular haunts me. Maybe it is one of the first images, those that were surreptitiously handed over, hidden on the skin? It doesn't have the largess of the scroll unrolling next to Ramírez's hand in the photo. Instead, it is an assembly, a montage: different bits of paper are glued together (with oatmeal, Morris reports from his interview with Durfee). I remember Roland Barthes's patient chart and its glue; Ramírez also lived with tuberculosis, and this illness finally killed him. This is no tuberculosis chart, though, no ordering unfolding in time of a body's marks. These are different kinds of body marks, but also graphic

striations that measure the beat between one stroke and the next. Different thicknesses of papers seem flattened out, beaten, pleated, rolled into a flat plane to record a thickness of a different kind. I see large swaths of striations, centered by a small abstract pattern that could reference a boat, viewed from the back (my imagination sees a clitoris, enfolded by labia). Incorporated into the design are the words “avana cuva,” which a commentator has chosen to read as a reference to Havana, hence the boat journey.

I am interested in another writing, though. I am looking for a hidden mark, a half-observed writing farther down in the image. There’s something printed in the material. It’s on the other side of the paper, so it is present only in mirror writing and faint. I twist and turn in front of the glass surface but can’t make it out. It’s



*Martín Ramírez, Untitled (detail),
in Vernacular Visionaries:
International Outsider Art in
Context, exhibition at Museum of
International Folk Art, Santa Fe,
New Mexico, 2004. Photograph by
the author, used with permission of
Museum of International Folk Art.*

important to me—what little message about Ramírez’s life is hidden there? I begin to ask other museum visitors if they happen to have a hand mirror. I am not sure what they thought of me, but maybe the images surrounding us had softened them up to the more unusual aspects of life. Pretty soon, one woman visitor found one in her handbag, and she joined me in front of the image. I pointed the mark out to her, and like kids, we shared in the excitement I seemed to have transferred to her. Agency in the museum—how hard is this to come by? We were off exploring, and after a few attempts we could make it out.

Acts of excavation, mirroring secret messages, reading against the thickness of the paper—Walter Benjamin’s *flâneur* in the arcade intersects my consciousness of being in the museum, another paradigmatic public space of modernity. In the *Arcades Project*, Benjamin reads the glimmering mirrors of the arcade as opening up an “ambiguity of space,” and in this action “the whispering of gazes fills the arcades.”²⁴ Active gazes opening up hollows beneath and beyond the space of capitalist engagement: this fantasy of implicated agency within the logic of the archive suffuses my memory of that moment.

The mark said, “Place in Cabinets. This Side Down.” Conspiratorially, my fellow visitor and I looked at each other and grinned. We had found one answer to what Ramírez had used—drawer paper, probably filched from some room or other. For the moment, our exploratory triumph glowed with us, and we said good-bye on a high note, and she continued her journey through the exhibit with her husband. I was left alone in front of the exhibit and looked for the traces of the three-dimensionality of a drawer in the flattened display, a display that surely would curl up, lift up, enclose upon itself if not curatorially preserved, and pinned to the flat back of the frame. This drawer didn’t hold: no diaries, no letters, no voice emerge to tell of the image’s location and meaning. The mind turned inside out, not as an archival repository but as an expanse, a surface on which marks are left as limbs reach away upward and across. In the absence of authoritative stories, I can “feel my brain struggling to cope,” churning out explanations and narratives, even engaging in this little theater in the gallery: I try to fill the absence, to create points of connections, to spin on from the images and their clashing discord with the critical literature.

BECAUSE IT’S THERE: MOUNTAINS OF PAIN

There was a conspiracy in the interplay between Ramírez and Pastro. Holding up the image together, their bodies frozen into the tints of black and white, they belong to one another: patient and visiting specialist/lecturer, explorer and explored, immortalized together. These issues of specialist and outsider are also at the heart of *PUSH*, a show that emerged out of a collaboration by playwrights Diane Samuels

and Sarah Woods, visual artist Alexa Wright, performer Catherine Long, and two medical practitioners. The collaboration emerged out of a Science on Stage and Screen Award by the Wellcome Trust.²⁵ It was showcased at the People Show Studios in London in June 2003. “How our brains are struggling to cope” and the metaphoricality of brain/body/embodiment language could well provide the subtitle to this fascinating production.

The issue of knowledge location is central to the struggles of people experiencing pain. The physical location of pain within bodies’ tissues is ambivalent, its materiality questioned by practitioners who point to the lack of organic traces of chronic pain. In this scenario of unlocatability and imagination, the patient’s voice easily gets lost in the monologues of specialists, diagnostic procedures, and interventions. But in the past decades, biomedicine has slowly opened up to acknowledge experiential, phenomenological accounts of embodiment. *PUSH* dramatizes some of the struggles that surround this slow turn of the medic’s ear and eye, using the theater machine’s multiple forms of address to create a dialogic scene, a stage of affect.

In the play, two figures move onstage. One is a mountaineer (Matthew Bowyer), who speaks about mountain climbing and the effects of altitude, and who begins to put himself at risk, scaling the walls of the theater, trying to escape, but without success. The other figure is called the shadow, a person covered from head to toe, who incessantly moves sacks around the stage floor. Freedom and confinement are the poles of this alignment and set up the basic tension of the play’s scene. The other strong visual element of the show is a background projection, showing mountains in montage, and two smaller videos of talking heads—“expert opinions” intruding on and interacting with the scenario in the theater. The experts are Charles Pither, consultant pain specialist at St. Thomas Hospital and medical director of INPUT pain management unit, as well as Catherine Long, an artist and performer who lives with chronic pain. (At the end of the show, the shadow person is revealed to be Long.) Their images and voices are joined by the audio presence of Patrick Wall, who is described in the play text as “a world leading pain research scientist and clinician, founder of Pain as a discrete medical area, discoverer with Melzack of the Gate Theory. Patrick died in August 2001 after living with cancer for a number of years. As his condition deteriorated, he took his own life.”²⁶

At some point, the mountaineer’s discourse on climbing is replaced by explanations of experiences of pain, and by the description of a splitting, a visualization, a hallucination. The mountaineer explains how irrational images assault a climber at a certain height, and how he himself sees a shadow, a figure, steadily following him out of the corner of his eye.

The stage action shifts and slides between the mountaineer’s live performance, audio fragments, Catherine Long’s video description of her experiences with

pain, and the slow movements of the shadow in the background. Various languages meet: the language of the pain specialist, the languages of movement theater, the languages of patients, of a person remembering herself in time, and of the second pain specialist who speaks with a mixed voice: he is all at once expert, sufferer, person, and beyond this, living, yet dead. Position and production are core themes in the assault of explanation and discourse creation, which only lessens when the mountaineer is hanging on the wall, climbing, exhausted, pushing himself, taking his breath away:

PROJECTED TEXT:

where have I got to?

check the position

the last dizzy spell was this morning

MOUNTAINEER'S VOICE (AUDIO):

The first thing I noticed was a weird sensation on the left side of my mouth. . . .

AT SAME TIME AS

PROJECTED TEXT:

don't know why it came again

headache's in my face

left and right sides

it's erupting again

and radiating

into all my joints

it's like a heat now

When Charles starts to speak Mountaineer acknowledges his image, wearily.

CHARLES (VIDEO): 30. Endless Detail

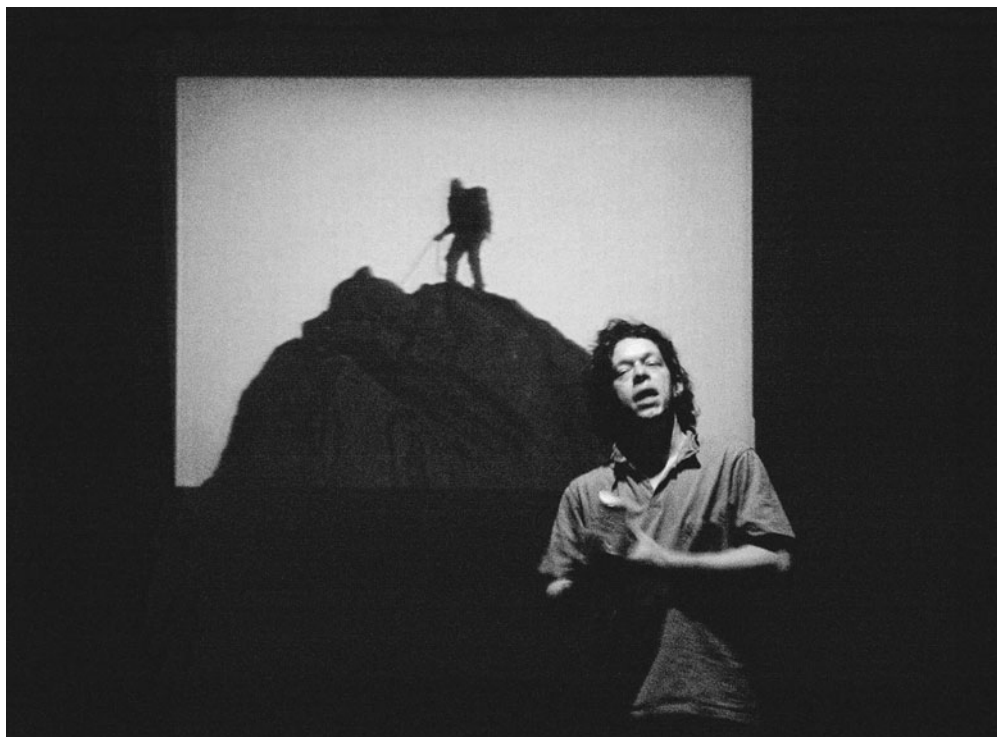
They feel they have to express and often write down and talk in endless detail about their pain because they suddenly think that—well they think and hope that the doctor will suddenly be able to say—aha of course it's that—and therefore their problem will be at an end. So certainly some people do feel the need to constantly embellish and reiterate their sensations of pain with that in mind. And often, from the medical point of view, one has to then have this rather difficult task of trying to disabuse them of that notion and get them to see it differently, which is difficult.²⁷

The embellishment, the constant production Charles points to by projecting it onto someone other than himself, the patients ("They feel"), is at work in the machinery of the theater production, both in its verbal and bodily excesses. Origin and location are unclear and are overwritten, replaced, replayed, montaged.

The accompanying visual projection track also veers beyond clear referentiality: the mountains that provide the background slip, return upside-down, fragmented, like glimpses caught in Benjamin's arcade, or in the travel shops that

Siegfried Kracauer describes in his accounts nearly contemporaneous to Benjamin's flânerie. In *Farewell to the Lindenpassage*, Kracauer describes the two points of attraction an old street arcade had for him as a young boy: the forbidden delights of an anatomy museum, with its demonstrations on the waxen bodies of nude women; and a small bourgeois travel shop, arresting the young street urchin with its vistas of faraway places. Traveling inward and outward—these two moments that connect the mountaineer and the person articulating pain connect to the project of modern exploration. For Kracauer, the arcade was the place “der Leib und Bild miteinander verbindet,”²⁸ that connects body and image: the place of window-shopping becomes the place where body (bodily desires) as experience and image meet. In *PUSH* the juvenile desire for this place emerges again on the limits of bodily experience: in the phenomenological experience of oxygen starvation and loneliness up in the mountain, and in the different loneliness of the patient apropos the medical categories. In a move that is more Benjamin than Kracauer, the references of travel and medicine in *PUSH* fail to hold the freefall of meaning.

The broken mountain images, shifting beyond referent into fragmentation, reference the shimmering images of a migraine hallucination, the moment of attack in *In My Skin* discussed in chapter 5. Patrick's voice repeats a phrase: “That's all there is in the world at this moment is the pain.” In the delivery, in the grammatical



The mountaineer. PUSH, 2003. Photograph by Alexa Wright.

inversion, in the insistence of the “That,” the boundary is overstepped—from Charles’s “they” (the patients) to an experience that is experiential, boundary-less, and that doesn’t permit a pronoun.

We are back at the site of endless production, and the lability of self: of the intervals between meaning and creation.²⁹ Different heads tell different stories, muddying the label of insider and revealing insights into the fantasies of art creation, bodily border situations, and professional practice. In the revelations of the interdisciplinary setup, the different angles, the different privacies, and the different stakes in perspectives open up, as mutually exclusive epistemological and practical concerns spark against one another.

What the production leaves behind is a sense of not knowing. Many in the audience might feel that they can vicariously participate in the mountaineer’s efforts on stage, seeing him exhaust himself, clinging to walls, hearing his breath, and sensing his exhaustion. But most audience members might not be able to begin to approach the more extreme (in a different way) embodiments of the other presences on the stage: the two people who suffer strong and significant pain for long amounts of time, one living on stage (and present with us), one dead, and speaking to us from this auratic, authoritative position. I can see them, ascertain “objective” fact through their bodily appearances and through the medical facts they both provide, but the physical gesture of strife and futility that is offered to me in the mountaineer productively leaves me aware of the gap between identification and my own self. Once again, the phenomenological experience of pain is not enacted or presented clearly. Instead, it is shrouded, surrounded by fields of intensity. But I value that pain is the center of the performance field: it does not become wholly invisible; instead, it is erected and left as a *problem*, but not just a personal problem. In the playwright’s words, the problem of pain becomes a social and cultural problem, intertwined with the position of minority, of female otherness, of that which is relegated to the realm of hysteria but that escapes that realm by dint of its sheer magnitude. In *PUSH*, pain highlights problems in the economy of medical discourse and in the social interaction between people.

TALKING HEADS AND HOLLOW BODIES: INSIDE ANATOMY

The last production I wish to discuss takes a different path to weave bodily fantasies into socially legible scripts. Storytelling is the device used to merge objective bodies and their medical histories and medical visualizations as fascinating, artistic translations of hidden spaces deep behind human skin. The phenomenological tease I tried to excavate in *AtaXia*, in my desirous readings of Ramírez’s presence, and in *PUSH* is more hidden here: to me, the point of identification rests more with narrative than with senses of embodiment. But there is another dimension of this

last show that reconnects imagery to interiority: sound and its play with hollows, inner ears, and the spatiality of bodies.

TULP: The Body Public is a musical and visual meditation on anatomy, art, and their historical meeting places. The interdisciplinary meeting emerged in 2003, as visual artist Justine Cooper collaborated with composer John Rodgers and the Elision Ensemble. At the heart of *TULP*'s performance in Brisbane's Powerhouse Theatre is sound—and the complex of relations among sound, image, and space. In the run-up to the performance, Cooper interviewed people in New York and Brisbane, and the collaborators set up ultrasound booths at the Art Gallery of New South Wales. There, they enabled members of the public to engage in an exploration of their bodies, charting the hollows and densities of flesh and bone with the echoes of the ultrasound. The chambers of bodies become resonant in this small box in the middle of a hospital. The video interviews' unnamed and yet not anonymous talking heads make up a significant strand of the projected visuals during the show.

This sound and image collage of "the public body" meets baroque instruments, visual and auditory referents of the time of Nicholaes Tulp, the doctor who dissected a thief in 1632, and whose image Rembrandt caught in *The Anatomy Lesson of*



Justine Cooper, engagement in the ultrasound booth. Collecting material for TULP, 2003. Courtesy of Justine Cooper, John Rodgers, and Elision Ensemble.

Dr. Nicholaes Tulp. Historical depictions of anatomy practices and contemporary medical visualizations complete the images projected onto large latex screens. The main performer visible on stage is a singer, Deborah Kayser, who also moves into the auditorium and records members of the viewing public with a small camera attached to her hand, creating a strange amalgamation of vision and touch as she moves closely past people's faces. Also present are the musicians of the Elision Ensemble and dancers who move behind the latex screen, reaching out and molding the projection surface into a spatial sculpture, a malleable screen.

Composer Rodgers writes about his perspective on the show:

The highly trained apparatus of the classical musician suggest the trusted and skilled hands of the surgeon. A bass saxophone is played while pushed through a latex panel like an internal growth pushing through skin demanding attention while an old sackbut bell searches a latex surface like a giant stethoscope seeking information. An early baroque tuning is explored using feedback-like sine tones that oscillate, pulse, throb and beat and finally merge with pure sopranino recorder multiphonics. A Monteverdi madrigal decays beyond recognition and the breaths of the vocalist and the recorder player grow ever longer and hover improbably in the air.³⁰

How does it work? Where does the soul reside, where is the sound made? These questions frame the performance, equating not only skill levels but also the scientific queries of anatomists with the order and clarity of baroque music. But the mystery of bodies overwhelms the rationality of dissection. The round, hollow forms of musical instruments do not give up their mysteries, and the skin-like latex screens quiver with the sensitivity of other tissues. Out of the hollows and vibrations emerge the sounds, stretching across the stage, like Pam Patterson's song did, remembering shared fields and bodies' extensions in time and space. Benjamin's image of the constellation, the historian's view of the past through the moment of the present, created living stories out of Ramírez's traces: in this installation, sound's vibratory excitation creates the moments of simultaneity, of richness and fullness that fill the experiential field. The sonorous timbre of the singer tears my eyes with the grain of her voice,³¹ the trace of living particularity. Image and sound emerge as waves in the interference of constellation and sound transmission, dependent on the temporal-spatial coordinates of the viewer perceiving the stars, and on the hollows and material thicknesses of the listener. Sounds and images reach out and touch.

In strange contrast with the starkly beautiful images, the slow, meditative movements of the singer and the musicians, the measured cadences and thrilling order to the baroque songs are the sounds and sights of the public—eager to talk, they pour forth all kinds of information about their histories, lives, and encounters with both medical practitioners and death. In a small, sheltered space within the hospital, the confining role of patient narratives can be laid aside and other genres

emerge: mysteries, comedies, memoirs, and jokes. A boy opens the show, commenting on the boring place of the hospital. Fairly soon, though, it becomes obvious that there are all sorts of interesting things afoot in the hospital; in a second clip, the boy admits that he fainted on a previous visit, a hard-won confession, it seems, framed by a twisting away of the laughing young face. One woman talks about her “nonstandard” body, also with a strange mixture of laughter and pride: she had an appendix more than a foot long, which the attending nurse at her operations later showed to her. Yet another woman talks about how the hospital seems a safe place to her, since it smells so clean. A man talks about fancying a particular nurse. Other examples of nonnormative meetings of medics and patients abound, creating an assemblage of the many different emotions, hopes, fears, futures, and histories that make up the meeting places of bodies and medicine.

One man commented that he hadn’t expect to find “this here,” and I take him to refer to the interview: he didn’t expect this playful engagement with storytelling. Visibly relaxed, the interviews and the ultrasound booth clearly have set up alternative spaces in two environments not usually associated with freedom: the hospital and the gallery.³²

At other times, specialists talk about their experiences. While endoscopy footage familiar from Mona Hatoum’s installations dominates the screen, for example, a doctor speaks on the audio track and reveals some of her feelings about her explorations. She reports seeing “floral arrangement at the top of the fallopian tube,” captured with an endoscopic camera. The doctor compares her visions with Georgia O’Keeffe’s paintings and contrasts the rich colors of the living body with the dead matter she encountered in the gross anatomy lab.³³

Smells, sights, desires, erotics, (surrogate) pregnancies, bodies’ journeys in time: these are the themes many of the interviewees speak about. Rich tones and vibrations reminding me of ancient rituals, or the drone of the didgeridoo, merge with close-ups of glistening mucus surfaces. The human body becomes translated into and through instruments. This thought structure is cogently worked out on stage: the instruments, dancing and vibrating with the sounds produced by them are dissected live on stage, equating the dissection of the conventional carriers of movement information—human flesh-and-blood dancers, dissected when they become corpses.

During the dissection of a viola, strange noises emerge from the scraped strings, from the caressed wood, used in unfamiliar ways. These noises on the limits of instruments, bodily noises, ultrasound merge with the clear alto sounds emerging from the singer’s body. What is signal, what is noise, and who decides? How does one inform the other? What is missing when the noise is ordered into information?

Medical specialists and sound specialists—doctors’ and musicians’ work with emergent patterns, with exploration and reduction—are themes emerging for me

from *TULP*'s cacophony and heteroglossia. Once again, the stories of people discussing their cancer operations as rites of passage, their new vaginas after sexual reassignment surgery, the details of cosmetic facial surgery provide insight into the different registers of ordering and categorizing that fuel their bodily fantasies. They recast the power relations between them and doctors through the reference fields of torture, collaboration, erotic encounters, as well as through urban legends, strange things that happened to friends, instant operations. The familiarity of some of these stories echoed with the audience, who rewarded the storytelling with laughter.

Emotional statements about pain, death, and wasting away in hospital beds are framed by these safe spaces, these genre stories that keep the audience at bay. Similarly, the visual structure, offering multiple visual tracks, always framed the talking heads—and no matter how harrowing the stories became, how near to tears the talking heads were, the strange and compelling visuals of moving MRIs and X rays would allow audience members to glance away. But the song, and the viola's vibration, persisted, stretching out across the averted gaze. Thus, the private and the formal met uneasily, undermining each other. Noise and signal: the cruelty of this step from engagement to overview, from detail to the general, from bodies to the body, arched over my reception of this work. Who is the outsider, who the insider? Who can decode, whose signal gets lost?



Viola dissection. TULP, 2003. Photograph by Alex Craig. Courtesy of Justine Cooper, John Rodgers, and Elision Ensemble.

Bodies opened, pain revealed—these issues of authenticity play in the performative actions of *AtaXia*, Ramírez’s display of his work, *PUSH*, and *TULP*. In all of these performances, communication paths get hijacked, diverted, rerouted: communications within the sphere of the private, or in the patient-doctor relationship, open up to other audiences. Who took the photo of Ramírez and Pastro? What happened when Jenner showed her movements to McGregor’s dancers? What moments of imaginary connections glanced across the little hand mirror in the gallery? How does strenuous movement intersect questions about pain, elaborate on the physical effects of language’s discursive presence? Can I fantasize my ear membranes vibrating as I listen to the singer’s voice? These questions of retooling, shifting ground, also deconstructed the mountain in pain’s communicative act, and they wove new harmonies in the dissection of instruments.

In readings emerging from my own desire to look for feminist, destabilizing openings, I pointed toward those moments when “objective” body images, external and recognizable entities, shifted into the less clearly demarcated realm of phenomenological experience. I highlighted the potential connections between audiences’ bodies and performers’ actions, the strange echoes that emerge as, to repeat the Merleau-Ponty quotation discussed in the introduction, “our body, as the potentiality of this or that part of the world, surges towards objects to be grasped and perceives them.” At certain points in all of these shows, the connection between subject and object becomes momentarily unstable, as reviewers fantasize about the meaning certain motions might have if they themselves executed them, as audience members try to grasp the mountain of pain, and as I see and hear with membranes at the same time. Categories bleed into one another. The confinement Foucault diagnosed at a specific historic juncture in the history of medicine, this modern impetus to segregate and compartmentalize, twists under the probing of vibrations that move outward. The far and the near collide, and images and sounds mix and reach out to my witnessing body. The “nonbeing” of patients, no longer only congregations of symptoms, blossoms out. Within and among the signs of the hospital, they tell stories and laugh, as do the doctors and nurses. These are tentative moves—*AtaXia*’s play with difference seems relatively easily hijacked back to reviewer’s fantasies of knowledge about different forms of embodiment. And yet the touch of the other persists. The outside/inside dichotomy opens up to triangulation: to a third, to a connecting touch by way of interdisciplinary practice.



Epilogue

FANTASIES IN THE SAND



Scars

Scars are like ocean waves, but dried,
mountains who have tipped their caps and
now cannot remember when or why,
baseballs that continue to fly
toward the stands as directed,
rockets that jettisoned the first
and second stages but press on,
no memory of ignition,
earnestly obedient to
trajectory, to thrust, to the
nameless being that remembers
simultaneously all things
and nothing (call it Santa Claus,
or God, or the electroweak
force), that which inures itself to
itself, that which takes every last
molecule of your body and
uses it for something else, if
not today, eventually.
Scar tissue is patience, and scars
ignorant mercy, memory
tough and carried on the skin.

— JIM FERRIS

Forces and differentials move together, and among them bodies emerge and negotiate their living. I have already quoted from Deleuze and Guattari's *Anti-Oedipus* in the introduction as I was setting up my argument for the productive power of difference in the churning of different knowledges about bodies and minds. I cite from it again here. Its description of art as social fantasy interfering with the reproduction of the same is a powerful guide to art production on the limits of outside and inside:

Desiring machines . . . continually break down as they run, and in fact run only when they are not functioning properly: the product is always an offshoot of production, implanting itself upon it like a graft, and at the same time the parts of the machine are the fuel that makes it run.

Art often takes advantage of this property of desiring machines by creating veritable group fantasies in which desiring-production is used to short-circuit social production, and to interfere with the reproductive function of technical machines, by introducing an element of dysfunction.¹

I work as a community artist, and I create movement-based and interdisciplinary community performances with fellow disabled people or other members of the wider community. These community performances share excitement, beauty, and interest in bodily, sensory, and mental health difference: we create art-work to intervene in the stereotypes surrounding disability and difference, and to create a new curiosity and seduction toward people who are perceived as different.

The reembodying of medically derived body knowledge, at work in many of the art examples I discussed in this study, has become experiential to me in community settings. Both in my training and then in my own practice, I have often participated in or initiated an exercise that maps the movements of the human body into a strange amalgamation of two-dimensional and three-dimensional space. In such an exercise, the dance group divides into smaller groups, all of which fulfill different functions: some are blood and circulate between different parts of the body. Some are heart muscle, engaged in a distinctive two-step movement. Others embody skeletal functions: hard, yet growing, somewhat flexible, with traces of living embedded in the structure. A brain group dances the brain. In all cases, the pedagogic aim of the improvisation isn't focused on an approximation or mnemonic of anatomical knowledge. Instead, the emphasis is on change, collaboration, interdependence: familiar ideas and images move into difference and reproduce themselves in unfamiliar ways. Function and movement supersede shape and line. This exercise can be a very fruitful starting point for choreographic investigation and thematic development. In my experience, it always brings out surprising differentiations of movement. If the heart group starts with opening and closing fists, they might, as the improvisation develops, find other ways of conceptualizing heartedness, pumping actions, connectivity, and flow. As time goes on during the improvisation,

conventionalized and stereotypical images of bodily function and personal meanings, experiential moments, and an attention to sensation emerge in the dancers' imagination, and dance with and around each other. The named groups might break down and mingle, functions might exchange and mutate. In my practice, I am trying to find openings for these kinds of body conversations.

Coinciding with my rereading of *Anti-Oedipus*, with its strong commitment to the productive, antisystem nature of difference, I facilitated a movement and photography workshop at Misquamicut Beach in Rhode Island. It was part of a series of workshops called Tracks. During 2004, I led these disability culture workshops in various rural environments, national parks, and conservation areas in New England. The title *Tracks* commented both on a hobby/habit I noticed as I settled in the United States, the tracking of wildlife over snow and other surfaces, and on the tracking that takes place in social space, as we furnish our spatial environment with appropriate and inappropriate behaviors, zones of being, ways of being public and private.

In ten separate meetings, changing groups of disabled people living in Rhode Island and Massachusetts met and inhabited spaces that do not usually see aggregations of disabled people. We took our pleasure, our sense of self, our dances, and our ownership of our images into unexpected places, leisurely and with grace, and saw what happened. In the latter half of the year, we installed the resulting photo exhibitions in public spaces, not just in galleries but also in more everyday spaces such as libraries, women's centers, and wildlife sanctuaries, opening up different images of disability in our social sphere.

In one workshop at the end of a hot and gorgeous July day, the small group who had assembled decided against too strenuous movement, since both the press of people on the beach where we met and the hot sun called for a rethinking. So we settled at the back of the beach, unfolded our towels, and began our session as we often do, by talking about our week, what we've been up to, checking in with each other as we reestablished the performance community we've been fostering over the year. As it often does, our talk turned to medical issues. One of us, Bill, whose e-mail address begins with "bionicbill," has a nerve stimulator implanted in his body to control epileptic attacks. He occasionally acts as a walking advertisement for the company who created his particular implant, and he is often called on to give talks to doctors and potential patients about his experiences. In return, the medical company provides him with any new magnet that comes out. These magnets are important to him: if he has an attack, a magnet located handily on his clothing can be moved across his implant, stopping the attack. When Bill comes into a new social situation, he explains this process to the people present to ensure his safety. Bill's openness extends to this account, too: he kindly gave permission for me to publish our private group conversation both at the time and after he saw the finished chapter.

During this particular chat, we talked about the economics of the situation, and about the financial and emotional ties between medical providers and implant patients, acknowledging the complexities. The lectures Bill gives clearly give him pleasure, and he embraces his bionic self with gusto. At the same time, he is aware of the potential exploitative aspects of the situation. This ambivalence about medical providers and companies easily transferred to a discussion of the ambivalent relations many of us have to our impairments, the interventions into our bodies, and the traces left behind.

Being on the beach led to a visibility of scars. Bill's implant, various medical interventions, straightening operations others among us had to endure as children, accidents—nearly all of us uncovered some scars on the beach. The workshop themes emerged easily from there. We had cameras and plasticine, and we began to take casts of each other's scars and explore the fall of light across scars through photography, extending the topic of our comfortable talk to our bodily surfaces. While photographing and casting, we shared operation experiences, and with this, body histories, similar to the interviewees in Justine Cooper's video in *TULP*² Burrowing deeper into the register of fantasy in relation to our bodies, we then used some of the scar casts to create small sculptures, using words such as *the outer scar*,



The Inside of the Scar, 2004. *Scar Sculptures from the Tracks Project by The Olimpias*. Photograph by the author.



Nerve Growths, 2004. Scar Sculptures from the Tracks Project by The Olimpias. Photograph by the author.

the inner scar, the inside of the scar as inspiration. We found plastic form for thoughts of growing tissue and blood vessels, for our embodied experiences of very slowly re- or nonconnecting nerves, and for our more abstract thoughts on patterns of health and growth or the functionality of skin.

We buried some of the sculptures in the sand, creating patterns around them and merging them with the wider landscape of the beach. Bodies and differences, openings and thicknesses became visual metaphors in the circus of the busy beach, where we often stopped in our making in order to exchange greetings with curious children who wanted to touch the seductive and tactile clay material.

Later, we found a tidal pool and places at the beach edge to launch the scars in—waiting for waves to upset our careful arrangements, adding a different sense of risk to our splashing about on the beach's margin. We set our scar sculptures adrift, these much-fingered extrusions of the stories we shared of our bodies and their being-in-time. We claimed our space, left a mark, and wove our impressions into sand and water. Scars became landscapes, shaped and shaping, forceful and ongoing, echoing the words of disability culture poet Jim Ferris, whose poem opened this epilogue.



Launching Scars, 2004. *Scar Sculptures from the Tracks Project by The Olimpias*. Photograph by the author.

In the second chapter, I quoted de Certeau, the historian of the everyday, who speaks about the (non)locatability of legends in landscapes. I want to close the circuit, by pointing again to the way that spaces are found, in stories, in storytelling, in the round places that do not immediately have an aim, in play, maybe in small tidal pools: “Objects and words also have hollow places in which a past sleeps, as in the everyday acts of walking, eating, going to bed, in which ancient revolutions slumber.”³ The scar is a hollow place, a fold in the skin, a place that holds a memory. Mary Ann O’Toole, another workshop member, spoke about this memory feature, using cell imagery to make her point: “Although our bodies’ cells renew themselves every seven years, our scars remain. It is like our bodies remember through scars.”⁴ As a group, we brought these memories to the fore, by extruding our scar tissues in playful communal action. We repeated its mental image, its bodily fantasy, in both speech and action, until it took shape and color in our hands.

Satisfaction emerged out of our actions. After the workshop had finished, we all moved on to an accessible pizza place nearby, ending our day’s session with a communal meal—the usual ending to *Olimpias* workshops.⁵ In the diner, Bill spoke to me about how he felt, having not only shared his story but also having brought into form some of the associations and vague sensings that make up his everyday approach to his scars. He told me that he felt proud, that he thought differently of his scars now, more positive, and that he felt a need to think further on what scars mean for him as a person, and for society.

All of the *Tracks* meetings are interventions into public spaces, and there is a public performance element to these workshops: here, the performances emerged in the gazes our bodily and plastic scars drew from passersby, the sense of wonder with which children watched these adults engaged in sand and water castle building. The temporal and spatial relocation of performance’s time occurred also in our own sense of rezoning our skin and rethinking these patches of different-colored skin, skin that is often differently nerved from its surrounding tissue, and that can feel alien and strange even to our own touches.

The connections to the realm of Deleuze and Guattari’s schizo are multiple, and grounded in material practice, public framing, and potential readings of our subject matter and products. Our material, plasticine, echoes the bread that often served as the only available sculpting material for Outsider Artists in psychiatric institutions; the material of children, whose artwork has often been counted as outsider art; and it also echoes contemporary art therapy setups. The photos that emerged from the workshop also show another interesting feature of this scar work (and the camera is handled by all during these workshops, circulating among the group). Different from the scar image that opened this book, Ted Meyer’s strata work and his archaeology of color, our (photographs of) shapes were imbued with an eroticism, a malleable energy that spoke of libidinal investments and border zones.

But like Meyer's image in the train station, our sculptures arrested passersby and led on from the double take some of our bodily differences cause on beaches. Drawn in, people looked at scars, and this time not from the corner of their eyes, furtively checking out the freak on the beach. We told stories—short stories about what we were doing, gave brief explanations, offered glimpses. We received stories in return—stories of scars, operations, and living with changed flesh. Without explanation emerging as the aim of activity, children looked on as we launched our sculptures in the waves, just like the woman with her hand mirror didn't question my desire to read the strange writing in Santa Fe and happily indulged with me in the activity of exploration for its own sake.

The productivity of bodily fantasies emerges in the *flânerie*—in the curious and yet distanced, involved and yet passing engagement with difference and otherness, within the frame of the institutions, habits, spaces, and knowledges that make up our lives and their meaning (be they hospitals, beaches, train stations, or art galleries). Machines created in the encounter of bodies and images, of thicknesses and surfaces, spin on in the many kinds of creative activities surrounding medical knowledges. New meanings assemble and disintegrate, reproducing themselves in slightly changed form. The scar is worked over, worked into other materials, worded and sung, and yet works within our flesh, beneath our fingertips, and knits multiplicity in time and space into living flesh.

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Notes



INTRODUCTION

1. Flâneur and flânerie studies have been multiplying for a long time, in keeping with the riches that Benjamin's image/experience offers in his writing on Baudelaire (1983; see page 36), and in *The Arcades Project* (1999). Nicolas Whybrow re-creates the city flânerie critically, with a focus on performance, and on the conjunction of Brechtian and Benjaminesque Berlin actions (2005). The problems of claiming a female flâneur are explored by feminist theorists such as Janet Wolff (1985), who argues against the concept by pointing to the male-dominated nature of the public sphere, and an interesting area within this is Web space—see Catherine Russell (2002) on cyberfeminism and flânerie.

2. Like many disability activists, I have issues with VSA Arts. There's a strong holdover in this acronym from their original name—Very Special Arts—a label that adequately presented what many thought of as paternalistic, charity-focused art-as-therapy work, financed by “do-gooders” keeping the “less fortunate” firmly in place. In their current self-representation, VSA Arts is still not really an advocacy organization led by disabled people for disabled people, with a minority culture agenda or other strong identity politics focus. But it has a strong presence in U.S. culture, and many different positions are embraced by the many regional VSA Arts organizations. The International Festivals provide one of the few times that international disability artists come together in the United States. The art display at Union Station seems characteristic of the split constituencies of VSA Arts: among the material are conceptual art, naturalistic drawings, material executed by trained disabled academy artists, and art by disabled children.

3. I am using the terminology of *disabled people* (and *nondisabled people*) paired with *people with specific impairments*. This emerges from a sensibility born out of British disability culture. In this context, the term *disabled* signals a shared cultural and structural oppression (structurally similar to the term *black* in British usage). By embracing the term *disabled*, so long a term of negativity, I enter an oppositional minority identity that uses the term with pride to

show solidarity with others, to celebrate our precarious visibility in history and culture, and to move forward together. Individual differences and medically labeled conditions, when mentioned at all, are called *impairments*, in keeping with the social model of disability. The social model stresses the disabling elements of social and cultural conventions, and remains (or tries to remain) neutral about individual differences. It thereby opposes the medical model of disability, which locates disability within an individual whose differences need to be overcome and normalized.

Different disability movements approach the issue of disability politics in different ways. In the United States, for instance, a “people first, disability second” politics leads to formulations such as *people with disabilities*, *people with visual disabilities*, and so forth, and the term *impairment* is avoided. These ways of speaking about disability are incompatible, and I made the decision to use the language of the social model of disability. It is a system with limits (in particular in its nonattendance to the individually lived differences in disability culture), but it is a politically derived and powerful system to signal protest and oppression.

For a discussion of the differences between *disabled person* and *person with disabilities*, see Oliver 1990. For a discussion of disability culture as an oppositional formation in the U.S. context, see Gill 1995.

4. The work I discuss in these pages emerges out of an encounter with the medical system as a system, not (only) as cure. In the main, the material I focus on doesn’t emerge from the institutional frame of art therapy—a valuable and fascinating practice, but one that tends to focus on healing the individual, reintegrating her into the range of the “normal.” The boundaries are fluid, of course, in particular in the cancer performance projects I discuss, and in the psychiatric art work in chapter 7. Healing can be an aspect of art, but art therapy is a rather more specific, intramedical form that relies on its own assemblage of specialists, training, and discourse.

5. Material from Ted Meyer’s Web site, <http://www.artyourworld.com/home.htm>, was accessed August 2004.

6. Death, violence, and scarring shape many disabled people’s attitudes toward the history of medical practice: history is full of medical practitioners who deemed some bodies less valuable than others. Disabled people were often caught in these practices. Many “unhealable” disabled people died at the hands of Nazi doctors (see, for instance, Alexander 2002; also the edition on Nazi medicine by Bussche 1989 and by Kuntz and Bachrach 2004). In many countries, they had to undergo forceful sterilization (Braslow 1996); they were also forced to endure lobotomies and other deeply invasive practices. Other horrible histories of medicine focus on race and presumed racial differences in the experience of pain: gynecologist J. M. Sims’s brutal experiments on slave women (see Daly 1978; Kapsalis 1997), slavery medicine’s insistence on the lack of pain felt by slaves, the Tuskegee Syphilis Experiment (see Jones 1993; also Wailoo 1999, 2001). Race inflects identity and bodily discourses (see Gilman 1991). The list of atrocities undergone in the name of medicine is long, and their histories inflect contemporary care practices as well (see, for instance, White 1990; Broman 1996; Bair and Cayleff 1993).

In this study, constructions of race, culture, difference, and medicine issues surface only occasionally, by no means because of a lack of artwork dealing with these issues. Some of the complexities of creative labor, constructions of race and culture, blood and history compose the focus of my new research work, building on research by writers such as Barbara Browning (1998), who works on figures of transmission, race relations, and performance discourses. Artists working on some of these interfaces include Donald Rodney, Keith Piper, Sutapa Biswas, Kori Newkirk, Jill Reynolds, and Osi Audu.

7. Kiki Smith's experimental, surreal art works with the body's ephemerality and employs an embodied, playful audience address. Skins, tissue, leaks, flexibility, the outside and inside are core themes in Smith's work, and her work has installation character—it demands its viewer's spatial, embodied reaction. Helaine Posner describes Smith's feminist agenda: "Kiki Smith is a visceral feminist. She is intimately involved with the 'lowly' parts of human anatomy—internal organs, bodily fluids, and isolated limbs. She valorizes the physical body as our primary means of experiencing the world, revels in its infinite mystery as the vessel of life, and respects its place in nature. At the same time, she acknowledges the body as a political battleground on which the forces of government, religion, and medicine are currently waging war" (1992, 27). Whitney Chadwick presents Smith's work as part of the lasting influence of surrealism. She links Smith's sculptures to the venture of manifestation, visual cuing, that is also echoed in the evidentiary search at the heart of dissecting techniques: "Kiki Smith's misshapen females viscerally bear, and bare, the signs of their femininity as they manifest the hidden markings of the feminine" (1998, 20). These hidden markings are the objects of ocular fascination and theoretical inquiry in anatomical practice from the Renaissance onward.

8. Pepe Espaliú is a Spanish artist who died in 1993, at age thirty-eight, of a complication from AIDS. He has gained a new visibility with a major retrospective at Barcelona's Museum for Contemporary Art in 2002. His works features calm and geometrical sculptures made out of crutches, and birdcages with weeping, swinging ironworks. Most famously in Spain, Espaliú drew the public's attention to the AIDS crisis by "carrying" actions: barefooted, he let himself be lifted and carried from one person to another, creating large-scale community actions in Madrid and San Sebastian. For more information, see Searle 2002.

9. Donald Rodney is a British artist who lived with sickle-cell disease. His artwork references microscopic imagery of knotted hair merging into the fabric of scars (*Flesh of My Flesh*, 1996), an electric wheelchair spinning alone in a gallery room (*Psalms*, 1997), and sculptures made from his own skin, including a small house made from skin removed from him during one of his numerous operations (*In the House of My Father*, 1997). This house reflects on issues of dwelling: on a space to be, on air to breathe, on generations and ownership, the fragility of envelopes, and the resilience of the body's textures. For an overview of his work, see Hylton 2003. Issues of postcolonial realities are important in the visibility of Rodney's work, and the interpretation of home, body ownership, and passages. Eddie Chambers discusses the application of the word *anger* to Black British artists in the 1980s and beyond, and charts how reviewers located race and stereotypes in Rodney's work (2003, 37ff.).

10. Marc Quinn is a British artist who is closely aligned with New British Art and whose most discussed work included a head of frozen blood, made from his own blood (*Self*, 1991). Solidity and fluidity are ongoing themes in his work, which often features human sculptures that run out into liquid, viscous forms. In 2004, Quinn was in the news because one of his sculptures, showing a classical white nude, a pregnant woman with an unusual body without conventional arms and with short legs (a portrait of Alison Lapper, herself a well-known artist), was installed on Trafalgar Square; it was a fascinating meditation on appropriate bodies (see the unpublished Ph.D. thesis of Ann Millett, 2005). For material for some of his corporeal art, see Quinn 1998.

11. Orlan is a French performance artist who is best known for her surgical art: she creates herself as a work of art and sets up performance scenes while she is under the surgeon's knife. She has fascinated many writers on body art, feminist art practices, and body

modification. See Ince 2000; Featherstone 2000; O'Bryan 2005; and Zylinska 2002; as well as her own book (1996).

12. For artists using blood in their work, such as Joseph Beuys, Herman Nitsch, Martina Abramovic, Andres Serrano, and Kevin Clarke, see Weiermair 2001.

13. Freud 1994 [1923], 26.

14. This treacherousness of the body/image assemblage has held a strong fascination for feminists attempting to rework psychoanalytic systems. Feminist theorist Elizabeth Grosz, who investigates the problematic status of bodily experience in psychoanalysis, emphasizes this point when she writes that for Lacan "the stability of the unified body image, even in the so-called normal subject, is always precarious" (1995, 43).

15. Lacan 1977, 4–5.

16. In Young's essay (1990b; see also her revisiting comments, 1998), she examines how physicality is structured by attitude: her account marries observations about gendered bodily difference and attitudes to movement with a structural account of the differing embodiments of men and women, based on Simone de Beauvoir's work (in particular, 1974).

17. This fluidity of phenomenological approaches to embodiment has proved a strong draw for theorists who wish to think about change and multiplicity. For instance, philosopher Gail Weiss notes the empowering aspects of having fluid and changing adaptable body images, open to intersubjective intervention (1999, 45ff.). (*Intersubjectivity* here is understood as the openness toward integrating other body schema into one's own—a subtly different intersubjectivity from the one Merleau-Ponty himself discusses in his later work.)

18. Note that this acting of embodiment opens up a different field to the more linguistically derived "performativity."

19. Merleau-Ponty 1962 [1945], 100.

20. *Ibid.*, 100–101.

21. This conception of bodily space as a theatrical darkness, harnessed to reveal or conceal, provides the base for Drew Leder's (1990) observations of the body that can "switch" what the light does and that can highlight internal processes in the presence of pain.

22. Merleau-Ponty 1962, 101.

23. Fanon 1991 [1952], 111.

24. *Ibid.*, 112.

25. Sex, and the scar as fetish and open/closed forbidden bodily opening, has significant currency in writings on the scar. In relation to real-life (rather than metaphorical) scars and their positioning in visual arts, see Gretchen Case's work (2005).

26. Cathryn Vasseleu uses Lévinas's account of ethical engagements with the other as a way to enter into relations beyond the image, and this "falling short" of the image apropos lived reality is what is also at stake for me as we look toward and away from Pam: I feel echoes of what Vasseleu calls "a generosity towards the face in its material particularity. Over and above its presentation as an image, the face is an irreducible other, which eludes the speculation of the gaze" (1998, 88).

27. Note on Web site: <http://www.hmc.psu.edu/womens/showme/>.

28. Artaud 1976, 289.

29. Artaud 1965a, 39–40; 1965b.

30. Louis Sass, an influential writer on the cultural dimensions of schizophrenia, links Artaud's experiences to similar ones recorded (by medics) of other people diagnosed as schizophrenics (2004, 312ff). See also other essays in Jenkins and Barrett (2004).

31. For critiques of the differences between these positions, see the material collected by Gijswijt-Hofstra and Porter 1998.

32. Deleuze and Guattari 1983, 3.

33. *Ibid.*, 12.

34. *Ibid.*, 11.

35. *Ibid.*, 8.

36. The scar is an object of interest to many other critical thinkers. To some, it is the site of cultural specificity, the place where cultural inscription is literally applied. It is also a recurring image of the interpenetration of violence and life, and it has particular currency in postcolonial social contexts. Examples abound: in Toni Morrison's *Beloved* (1988), a scar looking like a cherry tree blooms across Sethe's back, and this site of trauma becomes the site of connection when touched by the lover.

37. Phelan 1997, 5.

38. *Ibid.*

39. Phelan 2004, 28.

40. Althusser 2001, 160.

41. *Ibid.*

42. Althusser himself was well aware of the seductive nature of his example, and he is at pains, in the paragraphs following the material I quote, to show the difference of his conception from the "street scene": instead of the temporal sequence of hail and bodily answer, the two forces come into being at the same time.

43. Some traces of this ducking also seem at work to me in Fanon's scene discussed earlier: the excess of the blood splatter, and the repetition of the "Frightened" might provide openings for melodrama and its brand of resistances (Fanon 1991 [1952], 112).

44. Foucault 1981, 92.

45. Schneider 1997, 22.

46. Schechner 1985, 36.

I. VISIONS OF ANATOMY

1. E. H. Gombrich, one of the earliest visual culture scholars, shows how truth is problematic in medical visualizations (even though he believes that truth can indeed be arrived at when the image, and the technological information behind it, are considered). He compares two X-ray photos, one with high and one with soft contrast, and shows how counterintuitively the soft-contrast one can actually reveal the required medical information. Psychology, he claims, is an important factor in the lay evaluation of medical imagery. The image is not all there is. Indeed, "scientific images do not, of course, aim at recording what is visible, their purpose is to make visible" (Gombrich 1980, 184). For Gombrich, paying attention to the situation and technological apparatus of the photographer is an important part of the language of images. He describes the "eye-witness principle," which isn't predicated on an objective view of the object but instead on a vision from the subject (217). It's this multiplicity of visions that supersede any one technical standard for photography that lead to the "fascinating problem of the various standards of truth, which we have learned to accept in our commerce with visual images" (217).

2. Quoted in Durlach and Mavor 1995, 25–26.

3. See Lenoir 2004.

4. Piaget 1972, 34.

5. With this, I follow Evelyn Fox Keller's path. She draws attention to the contradictions and differences *within* discourses about scientific method that emerge "sotto voce, as minor themes made inaudible by a dominant rhetoric" (1985, 125).

6. John Sykes Fletcher's Web site, <http://www.sykes.fl>, was accessed August 2005.

7. Shortly after my visit with De Lellis, the drug whose picture I had chosen to print, risperidone, came up again in a public scandal, less well publicized than the harassment of Critical Art Ensemble's Steven Kurtz in 2004, but also speaking to issues of personal choice, protest, and difference. Sara Arenson, a twenty-five-year-old artist from Winnipeg, Canada, had been detained in a hospital setting, and an online message board was created that protested her incarceration and demanded her release (Network to Free Sara Arenson news alert, August 13, 2004, posted on the Disability Studies in the Humanities [DS-HUM] list-serv): "Because she is a naturally spontaneous, frank, emotionally expressive and articulate person, and had decided that evening to start asserting herself in ways she never had before, friends and a psychiatrist thought she was in trouble and in need of 'treatment.' The 'treatment' that Sara has received has consisted of incarceration in a psychiatric facility, where she is being coercively drugged with Risperidone, a powerful 'atypical antipsychotic' whose common side effects include weight gain, dizziness, sleeplessness, racing heartbeat, restlessness, and anxiety" (quoted from online statement). Community action, online communities, dominant and medical conceptions of body/mind issues, and the definitions of *normality* and *creativity* are all at stake in this network of actions and reactions.

8. See also Metzl's discussion of the history of psychotropic medication advertising (2004).

9. Pills as markers of life, and of the web that binds individuals and social forces together, are a constant and rich theme in contemporary art making. During 2004–05, the British Museum's Wellcome wing (named after Britain's largest independent medical research organization, a charity set up by pharmaceutical company director Henry Wellcome) presented the installation *From Cradle to the Grave* (2003) by the group Pharmacopoeia, an exhibit that consists of all the pills likely taken in their lifetime by a man and a woman: childhood immunizations, antibiotics and painkillers, contraceptive pills, hormone replacement therapy, high blood pressure pills. The pills, encased in a plastic sheet, roll across the whole gallery length, and are accompanied by other forms of documentation, freezing moments in individual lives: family photos, writings, personal objects. As I walk along the exhibit, one of the rolls suddenly empties: the man's life story has run out, and no more drugs are woven into his life. Drugs, so familiar, so important, so everyday, so recognizable and trademarked, so expensive or affordable by social welfare systems or drug companies, mark his death and show how the woman lives on. Seeing these tiny, tactile marks, I have been drawn into their body stories, their life stories, and I feel sadness when I witness the empty web.

10. Information about these cards can be found at www.dancesafe.org.

11. Mitchell and Thurtle 2004, 19.

12. Ibid.

13. Debord 1995 [1967].

14. The theme of medical imagery in contemporary art practices is endlessly wide and rich. This study cannot offer an overview of all the practices that touch on a theme that has defined much art practice since the second half of the twentieth century (in the form of body art, and other art invested in the specifics of bodies and identities). I have chosen a particular

path through the riches presented to me, addressing thematic complexes that occur again and again.

Three thematic areas of medicine and art are only in evidence in occasional acknowledgments: the field of trauma theory, the presence of the body in new media environments, and the emerging field of biotechnological art experiments. I have investigated medical art stories governed by the first two themes elsewhere. I discussed trauma's effects on narrative and dance (2003, 87–104) and the work by disabled dancers and visual artists on the Internet, finding ways of presenting different forms of embodiment through new forms of sensual engagement (2003, 105–21). Caruth (1996, 1995) addresses the generative function of trauma as the site where history and narrative emerges; the stumbling block, the unsaid, creates the conditions for narrative. Felman and Laub (1992) engage witnessing as a practice that can see beyond existing cultural conventions and systems.

Hansen has provided a fascinating study of body experiments in cyberspace, looking at the relationship between body and image by focusing on the framing function of embodiment (2004). See also Wilson 2002 and Grau 2003 for overviews over the issues of immersion and interface in contemporary technology arts.

Art and genetic processes are core concerns in a range of contemporary art exhibits, such as *How Human: Life in the Post-Genome Era* at the International Center for Photography, New York, 2003, and *Gene(sis): Contemporary Art Explores Human Genomics* at the Henry Art Gallery, Seattle, 2002. An important center for this work is Symbiotica, a research lab at the University of Western Australia. Various of the artists discussed in this book have had research visits there: for instance, Kira O'Reilly and Stelarc. See Whitelaw 2004 for an introduction to the issues at stake in artificial life and new media art practices and Hauser 2003 for a catalog that features living modified creatures; see also Critical Art Ensemble 1998. For discussions of Eduardo Kac's work on the limits of ethics, gene manipulation, and performance installation, see Giannachi 2004 and Kostić and Dobrilla 2000. For material on sci-art experiments, see Ede 2000, Arends and Slater 2004, Arends and Thackara 2003.

15. Kemp 1999, 13.

16. *Ibid.*, 15.

17. Entertainment, knowledge, and horror intertwine deeply in the history of the institutions involved with different visualization and public education projects. Giuliana Bruno (1993, 59–76) shows how two visual cultural practices, the public anatomy theater and early film exhibitions, meet and interact in late-nineteenth-century Italy, in particular in the focus on the dead or abandoned woman. These connections between the cinema of attraction, the desire for vision, and the display of bodies are also traced in Gunning 1990, which looks at early film and its pleasures. These early films and anatomy practices shared spaces with freak shows; see Studlar 1996, about Lon Cheney and the connections between his rise to stardom and freak aesthetics.

18. Foucault 1973a, 237.

19. Cartwright 1995, 10.

20. See also Creed 1994, 42, 50ff.

21. This revelatory story from opacity to transparency is told by Bettyann Holtzmann Kevles (1998).

22. Leder 1990, 43.

23. *Ibid.*

24. A lot of work on densities of vision emerges in contemporary film theory and in

visual cultural studies. Cinema studies, in particular, shifts toward haptic and phenomenological approaches, and a renewed attention to the materiality of vision (renewed since earlier critics such as Siegfried Kracauer already drew attention to the multisensorial nature of film viewing). Vivian Sobchack's work on Merleau-Ponty and cinema (1992) is central to these discussions, and other theorists include Linda Williams (1995), Steven Shaviro (1993), and critic Laura Marks (1999). Jonathan Crary (1990) historicizes modern spectatorship and its carnal densities. His work influenced the development of visual cultural studies as a field of inquiry.

25. As noted, visual culture studies is one field that investigates the relations between knowledges, visions, and issues of embodiment. In relation to medical images and contemporary art, see for instance Renée van de Vall's (2003) discussion of visual culture and the art of Mona Hatoum (see also chapter 3). Van de Vall is part of the Mediated Body research project at the University of Maastricht, which also includes José van Dijck, whose most recent book is *The Transparent Body: A Cultural Analysis of Medical Imaging* (2005).

26. By presenting contemporary bodies, *Körperwelten* is different from historical public anatomy presentations, and from another recent, much-discussed exhibition, in London, Hayward Gallery's *Spectacular Bodies*, which presented a historical survey of visualizations of human bodies (Kemp and Wallace 2000). *Körperwelten* is not about anatomy as a visual cultural practice; it isn't a metaexhibition. Instead it is a new entry in the history of anatomy shows.

27. Much writing has been occasioned by this exhibition, in particular in Germany, where its ethics were and are hotly debated (see, for instance, Wetz and Tag 2001). A reading of the exhibition in its historical framework, that is, in relation to the historical tradition of anatomical bodies, can be found in van Dijck 2001.

28. This specific exhibition space presents its corpses in relation to medical knowledge projects. In other venues, corpses have served different functions: the representation of corpses in war and political strife (Azoulay 2001), or as real death framed to serve as a form of memento mori, a citational practice articulating art's history (for instance, Damien Hirst's dead animals).

29. The exhibition Web site describes the processes involved in plastination: "During a vacuum process biological specimens are impregnated with a reactive polymer developed specifically for this technique. . . . The plastination technique replaces bodily fluids and fat with reactive polymers, such as silicone rubber, epoxy resins, or polyester: in a first phase solvent gradually replaces bodily fluids in a cold solvent bath (freeze substitution). . . . The dehydrated and defatted specimen is then placed into a polymer solution. The solvent is then brought to a boil in a vacuum and continuously extracted from the specimen; the evaporating solvent creates a volume deficit within the specimen drawing the polymer gradually into the tissue" (<http://www.bodyworlds.co.uk/>).

30. Von Hagens 2001, 31–32.

31. Borges 1984, 131.

32. In entering the drama of the exhibition, I enter a realist stage, where corpses stand for people, eliding their crucial difference in a play of fort/da—death and life, alienation and identification, realist representation and excessive object of horror. In the theater, realism creates knowledge: "With Brechtian hindsight we know that realism, more than any other form of theatre representation, mystifies the process of theatrical signification. Because it naturalises the relation between character and actor, setting and world, realism operates in

concert with ideology and because it depends on, insists on stability of reference, an objective world is the source and guarantor of knowledge, realism surreptitiously reinforces (even if it agrees with) the arrangements of that world” (Diamond 1991, 4).

In the theater of excess, citation, in the registers of the camp, realism flounders, since the stability of reference is no longer given. Von Hagens’s corpses hold for me both the seriousness of the emperor’s majesty, and the hysterical laughter that points to the loss of clothing, to nakedness, to the mechanics of the show.

33. Waldby 2000, 86.

34. Ibid., 89.

35. Ibid., 66. See also Kiki Smith’s *Anatomical Head* (2000) (reproduced in Frankel 2003, 62). This etching shows the conventionally colored veins and arteries traversing an *écorché* of a human head, but the effect is one of imprisonment, of a held tension.

36. Van Dijck 2001, 119.

37. Von Hagens 2001, 20.

38. Hirschauer 1991, 300.

39. Kristeva 1982, 4.

40. Elkins 1999, 146.

41. Sawday 1995, 186–87.

42. Many exhibits are modeled on art canon references, including images by Dali (the “drawer man”) and by the Italian futurists, presenting human bodies seemingly “blown apart” by a dynamism presenting the muscles of the human body in full extension. Interestingly, it’s these hopeful images of either classicism or modernity that seem predominantly referenced. None of Frida Kahlo’s widely received exploded bodies appear in von Hagens’s art history.

43. Hanlon 2003, 53.

44. Ibid.

45. The show follows medical conventions of symptoms as placeholders of people with these conditions before exposing the visitor to “the so-called real thing”: “Designed to ease people in slowly, the show starts with diseased organs of medical interest and intricate displays of the arterial system suspended in liquid and builds up gradually to whole specimens. . . . Disgust soon gives way to fascination: a group of teenagers queue up to get a chance to hold a real city dweller’s lung, mottled with black spots, or feel the gallstones of a middle[-]aged liver” (O’Rourke 2001, 5). In a more structural reading of this moment, van Dijck writes: “Plastinates of tar-covered black lungs were displayed alongside white, perfectly healthy ones; similarly, a healthy liver and one affected by excessive alcohol consumption were shown side by side. In this way, Bodyworlds should be understood as a direct continuation of the realist/moralist tradition in the art of anatomy” (2001, 110).

46. See Jordanova 1989. Within art history debates, this issue is magnified. Erwin Panofsky (1953) discusses the deep implication of the project of science and the convention of art in his work on the Renaissance (see also Harcourt 1987 and the essays in Adler and Pointon 1993). Van Dijck 2001 charts the traces of the struggles toward a scientific “purity” in relation to *Körperwelten*.

47. Media images, art historical knowledge, and projection mingle in a most fascinating way around von Hagens and his persona. In the august pages of the *British Medical Journal*, interviewer Debashis Singh introduces his subject in this flamboyant manner: “Meeting von Hagens is like meeting Hannibal Lecter from the film *Silence of the Lambs*—both are fiercely intelligent and have a finely tuned appreciation of Renaissance art, opera, and philosophy and

a passion for flaying dead bodies” (Singh 2003, 468). It would be hard to follow this opening act in an interview.

48. Many reviewers commented on the self-spectacle of von Hagens and the fact that an audience member of the public dissection asked von Hagens to remove his hat as a sign of respect to the diseased man he was working on, which was much publicized in the British press. These issues of respect, spectacle, art, and exploitation are at the heart of public discourse surrounding both the exhibition and especially the dissection, which went ahead although it was possibly illegal under British law.

The press reported predominately negative reactions to von Hagens’s public autopsy, watched by 1.4 million viewers in a late-night live slot: “It was more of a sensational event and I don’t think the limited educational aspect justified the degrading and disrespectful way in which it was done,” commented Michael Wilkes, head of the British Medical Association’s Ethics Committee (cited in Paterson 2002, 5). Editorials in the days following the autopsy quipped of “rebel prof” and “maverick doctor” (Worden and Sullivan 2002, 17) and envisioned spoof shows such as *Celebrity Autopsy* (Euan Ferguson 2002, 28). Von Hagens himself volleys the issue of disrespect right back at the medical establishment: “I achieved what I wanted to, which was to get a proper discussion in this country about anatomy and what the public are permitted to know and see. The audience were splendid. I have performed many postmortems in front of medical students and there is always much more disrespect of the body among them, more laughing and shouting. But the atmosphere at ours was very peaceful, people tried to cope with it and learn” (cited in Gibbons 2002, 7).

49. Adorno 1981, 173.

50. Root 1996, 137.

51. Indeed, discussions about the identity of the corpses have been rather fraught. The German magazine *Fakt* alleged that some corpses were those of mental patients from Novosibirsk and of Siberian peasants—a claim that caused outrage in the German media, sensitive to medical abuse issues. Von Hagens denied that such corpses were used in the show but acknowledged that these people were indeed used in his institute. As O’Rorke points out, this ugly admission raises the issue of the value of human life and the dignity of people deemed expendable, even in death (O’Rorke 2001, 5).

52. Root 1996, 107.

53. Opening citation on the official *Körperwelten* Web site, accessed March 2001 (my translation from the German).

54. Many people in the medical community praise the exhibition. For many, it does offer valuable learning opportunities. *The Lancet* writes of its sparse presentation: “The spectators are never specifically told what to think about the exhibits, they are simply informed of factual anatomical information and left to make up their own minds—one of the true hallmarks of enlightenment” (Schuster 2001, 1892). In this chapter, some of the issues left unsaid are probed, troubling this view of enlightenment procedure. Other interesting visions of the positive value of *Körperwelten* also made me bridle. In the *Primary Health Care* journal, for instance, a reviewer seems to embrace a problematically unproblematized view of pathology: “We learn about heart disease, cancers and even pregnancy” (Brecht 2002, 10).

55. For discussions of these people and their histories, see Garland Thomson on Maria Tono (1997) and on performer Julia Pastrana (1999); Shapiro 2002 for a discussion of John Merrick meeting contemporary students of medicine; and Koppers 2003 for Berent and his re-creation by contemporary disabled performer Mat Fraser.

56. This clean death, dissolution held in suspension, raises interesting issues surrounding desire and gratification, subjection and sex/sensuality. Elisabeth Bronfen discusses Samuel Richardson's 1748 novel *Clarissa*, in which a woman is embalmed by her rapist and thus "death [becomes] the perfect moment when Clarissa's body can be completely and indefinitely at [Lovelace's] disposal" (Bronfen 1992, 95). For Bronfen, the search for intimacy moves from touch to sight in this negotiation over a dead woman's body. In *Körperwelten*, the movement from blood and flesh to malleable and stable plastic further illuminates the sensual registers employed by the exhibition.

57. See Kuppers 2003, 38.

58. Attie's work is most often written about in the context of Holocaust memorials. See, for instance, James Young 2000, 62–89.

59. A short and early version of this description appeared in Kuppers 2001 in the context of a discussion of communally based art creation.

60. Cited on the RISD Web site (<http://www.risd.edu>), ConText documentation.

61. Crary 1990, 2.

62. Kwon has drawn attention to important features of the world "community" in community art and to the many mechanisms that hinder the creation of (the romantic conception of) an organic community at the heart of public art practices. Attie's visit to Providence did not produce an "instant" community in the public library. Various regulatory acts structure the interaction between him, his student collaborators, and the participants, which became the raw material out of which he wove his vision. But this is only one reading of the relation; another reading might point to a community of focus: people who experience diabetes share important cultural and medical experiences and social roles. *White Nights* does not include an apparatus of interviews with the project's participants, so little can be said about the sense of ownership or access experienced by the community participants.

63. Cited on the RISD Web site.

64. Mol 2002.

65. For an elaboration of narrative medicine and its framing of health and disease as acts, see Charon 2001.

66. Morrissey 2000, 44.

67. This borderline liquidity of the human body has found various artistic responses: see also Elkins 1999, 115–24. In Elkins's discussion, this liquidity is a form of ego dissolve—it is a threat, a liminal work on the dark side.

68. I am reminded of Cathryn Vasseleu's "non-disclosure"—an erotics of light that works along lines of opacity rather than revelation—in her work on potential feminist approaches to metaphors of light and knowledge. Vasseleu uses Irigaray's imagery to speak about the *act* of light, about the issue of implication and connection that also shimmer in my experience in the gallery: "cloth, threads, knots, weave, detailed surface, material, matrix and frame" (Vasseleu 1998, 11–12).

69. Medical practitioners take these fantasies, acts, and stories emerging in patient behavior (and doctor behavior) seriously. Two studies dealing with diabetes, and engaged in different moments on this journey are Koch, Kralik, and Sonnack 1999, which focuses on stories of diabetes created by women attempting to find wellness in the context of the illness, and Frost and Smith 2003, which investigates the use of self-created imagery in the management of diabetes.

2. LIVING BODIES

1. Pomme 1769, 60–65, quoted in Foucault 1994, ix.

2. Foucault draws an equally fascinating line not to insects but to dragons: he likens Pomme's tissues to "horny scales" (1994, xi).

3. All these figures of speech and visual metaphors are strangely reminiscent of humorist theory and its focus on the waters of the body. The bodily imaginary holds on to older, sup-
planted knowledges in the everyday practices of language.

4. Foucault 1973a, 11.

5. Foucault 1994, x.

6. Ibid.

7. Bayle 1825, 23–24, quoted in *ibid.*, ix–x.

8. Foucault 1994, x.

9. This issue of the gaze and the power relations structured by it pervades many strata of cultural investigation, an issue explored in relation to science studies in chapter 1 (see Cartwright 1995; Waldby 2000). Regarding visual relations between disabled and nondisabled people, the stare's epistemologies, power structures, and psychological effects are discussed by Garland Thomson 1997 and Fries 1997; Davis discusses disability as a disturbance in the visual field (1995).

10. Russell Ferguson 2001, 15.

11. For a differently angled exploration of Gordon's work in relation to Deleuze's time image, see Hansen 2004, 242ff.

12. Grosz 1994, 16.

13. Grosz 2000.

14. I discuss a performance perspective on hysteria in Koppers 2006, where I focus on Jean Martin Charcot and his practices in the Parisian Salpêtrière hospital, joining writers such as Beizer 1994, Phelan 1996, Bronfen 1998, McCarren 1998, Read 2001, and Didi-Huberman 2003, who all focus in different ways on performance and hysteria, and on the iconographic productions of Charcot. Following on from the photographs and performances staged by Charcot, the foundational texts for the study of hysteria as a narrative/physical disturbance are provided by Freud and Breuer. Power and gender intersect within hysteria as a particular, historical alignment. Hysteria has often been discussed as an individual strategy of absencing oneself from a patriarchal order; see Rosemary Betterton's discussion of hysteria imagery in the fight toward suffrage (1996, 65–72). Luce Irigaray is the feminist writer most associated with unanchoring the female body in serious play with language and materiality from its placement in male discursive practice, and to evoke it as a potentially powerful feminist languaging. Moira Gatens writes about the shift in gender relations that occurs when agency is redefined: "At the same time as Irigaray's writing offers a challenge to traditional conceptions of women, it introduces the possibility of *dialogue* between men and women in place of the monological pronouncements made by men over the mute body of the (female) hysteric" (Gatens 1992, 134). Here, the refusal to "speak appropriately" becomes a positive act of inserting gendered difference on the limits of intelligibility.

Another exciting avenue for research into hysteria as a phenomenon is the position it maintains on the borderlines of soma and psyche. Like a number of other medical conditions, hysteria has been discussed as a moment where images stand in dialogue with morphology. Elizabeth Grosz discusses Lacan's perspective on hysteria: "Lacan argues that instead of

observing and following the neurological connections in organic paralyses, hysterical paralyses reproduce various naïve or everyday beliefs about the way the body functions. In an hysterical paralysis, it is more likely that limbs which are immobilised are unable to move from a joint, whereas in organic paralyses, the immobility extends further upwards and encompasses many nerve and muscle connections not apparent to the lay observer” (Grosz 1995, 190–91). Grosz’s perspective on this observation, and others including comments on phantom limbs, shows a more positive, less patronizing understanding (in relation to gender and class) of the constructive nature of embodiment, a view that echoes Maurice Merleau-Ponty (1964) and Paul Schilder (1950) and their work on the plasticity of morphology: “Like hysteria, hypochondria and sexuality itself, the phantom limb testifies to the pliability and fluidity of what is usually considered the inert, fixed, passive biological body. The biological body, if it exists at all, exists for the subject only through the mediation of an image or series of (social/cultural) images, of the body and its capacity for movement and action” (Grosz 1995, 191). The issues of who is allowed to speak (or to remain silent), what it is to move and where, and who can pronounce the truth of the body and fix its functioning are at the heart of all of these debates in the terrains of psychoanalysis, philosophy, and critical theory.

15. See Church 1995.

16. This difference in the framing of utterances and the effects of labeling on issues of authority are deeply felt by many disabled performers and find their way into performance and theatre. See Richard Mitchell’s theater work and its ironic play with these issues (2001).

17. Deleuze 1994, 212.

18. Spector (2001, 132) briefly discusses his work in relation to mental health issues, in particular in his use of the split personality trope, and in his links to Laing.

19. See Russell Ferguson 2001, 45. But it is important in accepting this account of Gordon’s fall that Gordon is happy to intervene in the conventional arrangement of making art versus the explaining labor of the critic. His exhibition catalogs include statements from friends and from his brother, David; it is unclear who David is, or to what extent he is yet another figure in the intertextual universe of Gordon’s referentiality and pastiche. In one text, David writes about Douglas: “Now I’m sounding just like him, so I should start to stop” (David Gordon 1998, 83). Splitting, narrating, mirroring are all themes in his work.

20. De Certeau 1984, 108.

21. Gordon has used found medical footage in other installations as well, including footage of a hysterical fit, where a woman’s fit is looped endlessly, never allowing the moment to end (*Hysteria*, 1994–95). For references to trauma in Gordon’s work, see Michael Newman 1995.

22. How deliciously open and ambiguous the archive can become shows Derrida in *Archive Fever*: in his discussion of Freud as archpatriarch of psychoanalysis, he writes of the archive as arch: “Arca,’ this time in Latin, is the chest, the ‘arc of arcadia wood,’ which contains the stone Tablets, but arca is also the cupboard, the coffin, the cell, or the cistern, the reservoir” (Derrida 1996, 23). Undoing the stern Tablet, Derrida teeters the canon from one extreme to the other, from the confinement of the coffin/cell to the openings of gushing reservoirs. It is this archive, pressured by desires, that burns its patriarchs, its books, and the lives lived beyond its walls.

23. Douglas Gordon 1998, 23.

24. Groddeck, *The Book of the It* (1923), quoted in Sontag 1978, 19.

25. A range of writers discuss cancer’s generative effect on storytelling and art creation. Multiplicity and layering are themes in the photos of Jo Spence, in the dramas on breast

cancer discussed by Deshazer 2003, and in the writing of the scholarly/personal story of Stacey 1997.

26. Ellsworth 2001, 146.

27. *Ibid.*, 146–47.

28. For a discussion of these films, and their anachronistic relation to medical visualization possibilities, see Kevles 1998, 262ff. Other authors dealing with the translation of science into popular culture and film are Wood 2002; Jacobs 2003; and Dubeck, Moshier, and Boss 1994. Gwyn 2002 pays attention to the lay talk about health and its relation to media discourse, and to the medical metaphors that suffuse everyday language—all of these practices shape attitudes toward and expectations from medical interventions.

29. Ferguson and Gupta 1992, 9.

30. Cartwright 2000, 131.

31. See Lawrence LeShan 1966, 1977; and for commentary, Charles 1990.

32. Stacey 1997, 113ff.

33. *Ibid.*, 238.

34. Hay 1989, 22.

35. Young 1990a.

36. Kwon 2002, 150.

37. Nancy 1991, 15.

38. Ellsworth 2001, 148.

39. Kwon uses the formulation “projective enterprise” to describe collective artistic praxis. I understand *projective* to be too fixed, too much bound to that which is projected, but her reading echoes the openness and temporality I am interested in: “Collective artistic praxis, I would suggest, is a projective enterprise. It involves a provisional group, produced as a function of specific circumstances instigated by the artist and/or a cultural institution, aware of the effects of these circumstances on the very conditions of the interaction, performing its own coming together and coming apart as a necessarily incomplete modeling or working-out of a collective social process. Here, a coherent representation of the group’s identity is always out of grasp” (2002, 154). Process, and unknowability, remains at the heart of the enterprise: no communal identity fixes or shores up certainty.

40. The effect of nondominant body practices (in the West) and their measurability is a longstanding theme in science and medical frameworks as well as in medical anthropology. See Benson et al. 1982; Newberg and D’Aquila 2001; and Kalweit 1992.

41. Louppe 1996, 16.

42. Godard was involved in the rehabilitation of breast cancer survivors.

43. Louppe 1996, 16–17.

44. In this work, Godard identifies minute differences in movement range, “missing gestures,” as forms of impairment related to changed body image in post-cancer operation patients. These gestures are not identified by conventional notions of *functional*: “When I say ‘gesture,’ I am not thinking exclusively of movement, but of all its signifying, symbolic implications. By asking the patient to shake hands, to grasp an object, to indicate points in space, one brings to light a debility of gesture, which is not functional; and it enables us to posit that a certain investment in the relation of this arm or this shoulder to the world has been withdrawn” (quoted in Dobbels and Rabant 1996, 39). Meaning, habit, gesture, and physicality are in intricate connection here.

45. In a performance at Performance Studies International (2002, New York City), Ann

Cooper Albright poignantly and intensely presented an example of the efficacy of imagining the body differently: in a presentation focusing on her spinal cord, she demonstrated how a different way of thinking about bodily support, one based on soft tissue and organs, allowed her to rebuild strength after an accident. Organic connection, tensions in balance, lines of force were juxtaposed with the image of building blocks (more conventional in dance training), stacking up one's spine.

Other highly influential practitioners who use nontraditional metaphors to structure dance movement include Deborah Hay (discussed in Foster 1986; Kuppers 2003); Bonnie Bainbridge Cohen 1993; Rudolph Laban, Irmgard Bartenieff, and other bodywork and body awareness workers (collected in Johnson 1995).

3. THE COLLABORATIVE ARTS

1. Blocker 2004 discusses the intricacies of their arguments in the first chapter of her study, taking her cue from the open mouth of the Laocöon sculpture, ready to receive words, to both utter forth and swallow up.

2. For parts of this project, see Elkins 1999; on popular culture and war reportage, see Sontag 2003; in relation to art historical discourses surrounding performance art, see Blocker 2004; O'Dell 1998.

3. Blocker 2004, 7.

4. *Ibid.*, 16.

5. Butler 1993, 39.

6. Blocker 2004, 15.

7. Brown 1995.

8. Ahmed 2002.

9. Scarry 1985, 162.

10. *Ibid.* Contemporary writers in disability studies who try to parse the terrain between their experiences of pain and Scarry's strong statement of pain's destruction of language have begun to critique and interrogate her work in exciting ways (see, for instance, Stoddard Holmes and Chambers 2005, 129, 131). And yet Scarry's account works within the logic of a dialectic of destruction and generation. I read her account of pain not as a speechlessness but as an excitation.

11. *Ibid.*, 165.

12. *Ibid.*

13. *Ibid.*, 170.

14. Hart 1998.

15. Garland Thomson 2000, 338.

16. See, for instance, Hevey 1992; Sandahl 1999.

17. And of course, sentimentality holds the seeds to its own destabilization: as an aesthetic framework associated with the minor discourses of life (women, melodrama, the needy, freak shows, and so forth), its setup of self and other is already contaminated, always already teetering into a collapse (into solidarity). These traces of sentimentality's fascinating inability to keep boundaries hygienic can be traced in many texts that investigate cultural and aesthetic forms emerging from it. See, for instance, McKenzie 1993, 107, on the freak show's contaminated binarization; Gledhill 1987; and Mulvey 1989.

18. Garland Thomson 1999, 100.

19. Hermann 1895, 123–24.

20. Garland Thomson 1999, 101.

21. Jones 1998, 231.

22. I am writing about Flanagan as someone who came to the United States and its performance scene after his death: I never spoke to him. For many people writing about him, including Linda Kauffman, Amelia Jones, and Lynda Hart, personal interviews are a source of knowledge about him, and they create interpretations of his work influenced by these discussions with him and Rose. I am using performance documents such as videos as the basis of my readings. This leads to clear differences in approach and reading. While my analysis stresses unknowability, when Lynda Hart is writing on masochism and performance, she seems quite convinced by the easy explanations Flanagan gives to her in interviews: “In a fairly simple cause and effect pattern, Flanagan attributed his masochistic desires to the clinical procedures he was forced to undergo as a child, which were often quite painful” (1998, 136). Flanagan indeed talked incessantly about reasons, connections, sources, but it is the very dominance of these stories and explanation in relation to the work, minus the grounding in personal contact, that makes me see and hear his protestations of “sense” differently.

23. Flanagan has referenced Christ at multiple times in his work: he uses the Christian tradition of public pain as a touchstone for his display. In the history of psychoanalysis’s encounter with sadomasochism, the link with Christian violence imagery is well established. Paul Schilder, talking in 1935 about one of his patients, a businessman, links the witnessing of a brother’s beating by their parents to an obsessive interest in Christ’s passion (1950, 154).

24. This is an issue Flanagan has acknowledged in his artwork: in one of his late shows, audiences move up to a coffin with an installed video screen. The coffin carries a plaque, talking about Flanagan’s “cheating” the medical expectations of his death. As a spectator leans over the coffin, the video screen switches from Flanagan’s face to the spectator’s. The viewer faces the possibility of her own future death and the inevitability of its coming. For further discussion of this piece, see also Jones 1998.

25. The (in)ability to share pain is a central concept to a number of theorists and critics, including Scarry (1985), who describes the immediacy of pain as a world-destroying event; Bakan (1968), who analyzes attempts to capture pain and insert it into teleological certainties of cause and effect; and Kleinman (1988), who charts connections between psyche and soma. Pain is conceptualized as an experience on the limit, invisible and endless: “Pain seems to unfold in endless layers, eluding our attempts to put it into language or images” (Burns, Busby, and Sawchuck 1999, xi).

26. Jones 1998, 230.

27. *Ibid.*

28. In Paul Schilder’s work on the genesis of sadomasochism, he develops a phenomenological account of the body’s “postural model,” where physiological, libidinal, and other psychological forces create the experiential body together. What is most interesting about his scheme (for all its anachronisms) is Schilder’s emphasis on the permeability of the body scheme, the postural model: “We have not mentioned so far that the change in the postural model of the body is not only due to transpositions in the subject’s own body-image, but also that parts of the body-image of others are constantly taken into the subject’s own body-image” (1950, 170). Others, but also gravity, tonus, experiential personal history, cultural images, and so on combine to create a subject’s body, effecting psychology and physiology at one and the same time, without an *a priori* physicality. Areas of intensity, including pain and pleasure, set

up libidinal energies and forces that shape psychology, but Schilder emphasizes the constructive nature of this body/mind conglomerate.

29. Marx 1965, 87.

30. Olalquiaga 1999, 257.

31. Ibid.

32. Flanagan 2000, 34.

33. Ibid., 43.

34. Jones 1998, 230.

35. See *ibid.*, 231–32, where she also seems engaged in eliciting meaning from Flanagan's poem "Why." Kathy O'Dell acknowledges the playful character of the poem's multiple offerings: "These half-serious, half-comical reasons for Flanagan's masochism may have reflected his own thoughts, but the obsessive quality with which they were delivered . . . seemed to reflect as well the assumptions of those who do not understand masochism and who frantically search for any easy explanation that will allow them to have no part in it" (1998, 77). She seems to set up a distinction between those in the know and those who do not understand. I think that Flanagan's pain practice on his already painful body obscures meanings and approaches to *most* people.

36. A gloss of the poem is quoted at the ending of *Sick*.

37. Fraser created a contemporary freak show, using his body as the medium to resurrect historical performance acts executed by disabled people. He points to the potential evacuation of modern discourses of liberal humanism through an evocation of histories of the grotesque, the carnivalesque, and other art histories of the minor, the periphery, the frame in the spectacle of his disabled body.

38. Kauffman 1998, 35.

39. Ibid., 21.

40. Sources for this information include Juno and Vale 2000; and the interviews in the film *Sick*.

41. See, for instance, Suzi Gablik 1992, who formulated a critique of modernist art practices that points to community art and environmentally ethical art practices; and Linda Weintraub 1996, a collection that charts how contemporary artists have moved off from traditional paths searching for new relationships between the social and the artistic.

42. Quoted in Jones 1998, 281.

43. Blocker 2004, 12.

44. Ibid., 26.

45. Blau 1987, 173.

46. Foucault 1977, 217.

47. Hirschauer 1991.

4. INTERSECTIONS

1. Grosz 1994, 193–94.

2. De Lauretis 1987, 26.

3. Barthes 1974, 5.

4. Ibid., 4.

5. Brian Massumi (2002) has argued for a body politics that isn't located in position but in process, a scene of emergence rather than identity. My work engages these issues by

bringing them together—image and movement—since a politics of identity subtends my perspective, the need to speak from subaltern, minority positions.

6. De Lauretis 1987, 26.

7. Barthes 1977a, 45.

8. *Ibid.*, 44.

9. Tuberculosis, or the “white plague,” is the most common infectious disease today. Less spectacularly represented in the media than HIV/AIDS, it kills two million to three million people per year, in particular in resource-poor locations. It’s a highly curable disease, treated with antibiotics, but multidrug resistant forms have developed, which require more expensive and longer drug regimens, and for many, access to medication in sufficient and stable quantities is problematic.

10. See, for instance, Miller 1992, Saint-Amand 1996.

11. See Hutcheon and Hutcheon 1996 on the tubercular heroines of opera; also Rothman 1994.

12. In the contemporary framework, a gay man’s tuberculosis takes on different meanings again: TB is the leading cause of death among HIV-positive populations, and TB and HIV treatment options can interact negatively. Tuberculosis is also often recognized as an early outward sign of HIV-positive status, thereby stigmatizing the condition. See Sontag 1978, 1989 for a discussion of the relation between the cultural representation of TB, cancer, and AIDS; she also discusses the conception that TB acts as an aphrodisiac (1978, 13). The association of TB with nonnormative sexuality is also already in place early on in the development of TB as a disease complex synonymous with consumption and phthisis. In 1852, a medical text cements this association between morality and disease: “Of all vices, however, none are so apt to lead on to consumption as the unnatural or unrestrained indulgence of the sensual passions” (Cotton 1852, 70).

13. For an in-depth reading of the relationships between X-ray epistemologies and the novel *The Magic Mountain*, see van Dijck 2005, 83–99.

14. Barthes 1977a, 60–61.

15. This spatial division also echoes cultural attitudes to tuberculosis (Dubos and Dubos 1952, 198). See the “artificialities of city life” as a contributing factor to TB’s development; see also Hutcheon and Hutcheon’s discussion of the flight from Paris in *La Traviata* (1996, 41).

16. Thanks to Kira O’Reilly for graciously clarifying many points for me.

17. Brennan 2004, 12.

18. *Ibid.*, 45.

19. O’Reilly 2001, 26.

20. Ayers 1998, 29.

21. O’Reilly 2001, 26.

22. Livingston 2003.

23. There is a neatness to these theories, a balance and symmetry, which relates interestingly to their main mode of epistemic validation: Galen’s work was based on reading, on textual authority. Different from biomedicine, many different healing traditions ground knowledge in this way: Galenism, Ayurvedic practice, and traditional Chinese medicine share aspects of this literate tradition of gathering knowledge. For discussions of these issues of text-based epistemology, see the contributors to Bates 1995.

24. These issues of control in s/m or cutting actions provide the core narrative for accounts of Athey’s practice in Richards 2003. She writes: “Ron Athey’s performances . . .

would seem to use performance as an acknowledgement of Athey's 'failure' as a 'good subject.' However, this 'failure,' because it provides 'witnesses' with evidence of ways in which alternative subjectivity can be experimented with in spite of the restraints imposed by internalised power structures that encourage conformity to socio-cultural norms, actually wins Athey and his fellow performers an ironic, perverse sort of victory." Loss of control without loss of control: this seems the ultimate fantasy here.

25. In the interest of gratuitous curiosity, it is fascinating to note the collecting practices: in natural leech fields, laborers would wade into the water and let the leeches attach themselves to be collected later, giving a new perspective on being "sucked dry by work." In the leech farms, though, horses would be used as blood banks, feeding leech populations until the horse would die of exsanguinations.

26. This was another popular way of addressing humoral imbalances, together with the third way of letting blood: the venesection, which involves opening a vein with a sharp instrument, such as a lancet, one of the most dominant medical instruments in many medical collections. Bloodletting was the domain of the barber, a practice still visible in the red-and-white intertwined stripes characterizing the profession's sign, which reference blood and bandages, and which in turn are also some of the materials used in *Wet Cup*.

27. O'Reilly 2001, 26.

28. Sandahl 2001, 57–58.

29. Ibid., 59.

30. See <http://www.ronatheys.com/main.html> (accessed in 2004).

31. Public image is a problem, of course: "The cost of maggot therapy is typically half as much as conventional therapy making it a very cost effective procedure. The only disadvantage of this type of therapy other than the yuck factor is the tickling sensation felt by some patients" (El-Awady 2003). Maggot debridement therapy has been newly researched in the United States since 1998 and seems a very useful way of treating wounds that do not heal conventionally.

32. Siddall 2000.

33. Contamination is the main issue at work in this reversal of bloodletting's fortune: contamination discourses and fears of "bad blood" intersect with racial fears, with critiques of the city as disease-breeding fetid swamp, and with fears surrounding syphilis.

34. Brennan 2004, 15.

35. See <http://www.stelarc.va.com.au/obsolete/obsolete.html> (accessed July 2004).

36. Cited in Zylinska 2002, 122.

37. Poster 2002, 28.

38. Ibid., 29.

39. Kauffman 1998, 2.

40. Lingis 1994, 32, citing Leroi-Gourhan 1964.

41. Massumi 2002 reads the aim of Stelarc's performances as virtual transmission—a communication of sensation, not of meaning (at least in its trajectory). But the division of meaning and sensation never quite works. My reading of this performance moment is very differently angled from Massumi's experience. Massumi posits that there is a caesura (or sturpor) before meaning making overwrites and makes sense of the "pure sensation" caused by entering Stelarc's field (2002, 119).

42. See <http://www.stelarc.va.com.au/stomach/stomach.html> (accessed July 2004).

43. This attention to the spatial encounter with Hatoum's installations is echoed in her own comments: "You first experience an artwork physically" (quoted in Archer 1997, 8);

"I want the work in the first instance to have a strong formal presence, and through the physical experience to activate a psychological and emotional response" (Hatoum 1998, 54).

The piece has currency in critical reviews as an example of feminist art making, critiquing histories of the female nude, transgression, and the abject, and so forth. See Frances Morris 1995, who situates Hatoum's *Corps étranger* within the framework of Georges Bataille's writing about "the bellowing waves of viscera ... brusquely putting an end to [man's] dignity" (Bataille 1985, 22, quoted in Morris 1995, 104). Morris sees Hatoum's play with the abject and the body's boundaries within an exploration of self-recognition on the part of the viewer.

44. Van de Vall 2003.

45. But audience engagements are different, and Hatoum's private space is radically transgressed in a review of her piece in the *British Medical Journal*. Jeremy Hugh Baron (consultant gastroenterologist, St. Mary's Hospital, London) uses his clinical language, stripped down to a "recitation of facts" yet highlighting differences of gender and culture in his unusual review: "Mona Hatoum was born in 1952 in Beirut. There, from the balcony of her parents' flat, she used to spy on her neighbours with binoculars which she fantasised were magical, stripping the victims of their clothes, their skin, and their flesh. She studied in the Byam Shaw and Slade schools of art and teaches now at the Ecole des Beaux-Arts in Paris but keeps a studio in London. 'Corps Etranger' (Foreign Body) is a white cylinder 3 metres in diameter and 3.5 metres high. Two woman-size slots allow the visitor to enter and stand against the black, cloth lined, inside wall around the perimeter of the floor, which is a screen for a continuous video of the artist's alimentary tract. Upper gastrointestinal endoscopy began with filled teeth, then a normal tongue, uvula, oesophagus, stomach, and duodenum. The pylorus was deformed, both on entry and withdrawal, suggesting previous juxtapyloric inflammation. Colonoscopy gave extended views of the perineal hair and anus with normal rectum and colon in a well prepared bowel. Heart sounds were much amplified, but blurred: I thought I heard a pansystolic murmur" (Baron 1995, 517).

46. Said 2000, 17.

47. Cultural location and embodiment are the themes in many of Hatoum's work. See Meskimmon 2003, 141ff.

48. Barthes 1981.

49. Posted by hecticjames (November 16, 2003) on the hecticjames.com blog.

50. Sleep and sleeplessness and their relation to consciousness and agency have fascinated performance artists engaged in sci-art experiments: see, for instance, Bruce Gilchrist's *Sleeper* and the theater play *Sleep Deprivation Chamber*, a collaboration between the Advanced Computing Center for the Arts and Design (ACCAD) and the College of the Arts, Department of Theater, Ohio State University (2003).

51. Becherini 2003, 9–10.

5. MONSTERS, CYBORGS, ANIMALS

1. Stelarc, who was discussed in the previous chapter, is one example of an artist who is often aligned with this perspective. Cyberfeminists show how the new media world is still based in the discourses of the dominant. This emerges when Allucquère Rosanne Stone 1995 discusses the validity of the concept of rape in cyberspace, and the naturalness of transgender identity in Internet environments. Knowledge and power are core concepts both in the employment and the meaning of new technologies: they do not escape preexisting structures.

But the unhooking of naturalness from cyberidentity means that new perspectives can be taken, new stories told. For related arguments about performance and the persistence/newness of gender and identity on the Internet, see Case 1996, Bornstein 1998. Also, in relation to Lara Croft's embodiment of socioeconomic dominant frameworks, see Deuber-Manowsky (2001). Race is similarly in flux and bound by desire in these new technologies: see Gonzalez 2000, Kolko 2000, and Nakamura 2001, who speaks about identity tourism online, a consumerist fantasy of boundary-less exchange.

2. Daina Chaviano, winner of the first Cuban science-fiction competition, points to popular literature's ability to foster a respect for difference in unexpected, minor keys, subverting the charge of decadence leveled at fantastic literature (unpublished talk, International Association for Fantastic in the Arts, April 2004). This intranarrative argument echoes cultural studies approaches such as Bernardi's discussion of race and history in *Star Trek* and whether or not sci-fi texts are able to reimagine social relations (1998); see also the materials in Weldes 2003. Another cultural studies approach to genre texts investigates the agency involved in consumption; see, for instance, classic feminist studies such as Tania Modleski 1982, who shows how active imagination and retelling are involved in women's consumption practices.

3. Jackson 1981, 69.

4. Haraway 1991, 149 (the essay originally appeared in 1985).

5. *Ibid.*, 157.

6. Storytelling, sharing of different narratives, is an important method in medical humanities, narrative medicine, and trauma studies, and many writers pay attention to the production of stories at the site of patient/illness or patient/clinician encounters, and to the political power of the story. See Frank 1997, Hawkins 1999, Couser 1997, Nelson 2001, and the material collected in Charon and Montello 2002.

7. Haraway 1991, 181.

8. *Ibid.*, 161.

9. Baudrillard 1991, 313.

10. *Ibid.*, 318.

11. Sobchack 1991, 327.

12. *Ibid.*, 328–29.

13. Sobchack revisits the debate later, in 2004, when she talks about finding the “assorted dimensions of prosthetic pleasure” (168) after the removal of her leg due to cancer. She still critiques Baudrillard but now on different terms, with a changing body, and wishes that Baudrillard would pay some more attention to the living of his body, too (178).

14. Merleau-Ponty 1962, 22.

15. *Ibid.*, 213.

16. *Ibid.*, 215.

17. In particular, Piaget 1962; also Guillaume 1943.

18. See, for instance, Gallagher and Meltzoff 1996. I am particularly indebted to them as they point out that Colin Smith, Merleau-Ponty's translator into English, translates *schema corporel* as “body image,” thereby doing away with the careful distinction between image and schema they also see as a valuable contribution of Merleau-Ponty's work.

19. Merleau-Ponty 1968.

20. Merleau-Ponty 1962, 234.

21. *Ibid.*, 235.

22. Blocker 2004.

23. See, for instance, Oliver Sacks's chapter on aura experiences in *Migraine* (1992). He describes the "cinematographic vision" as part of potential migraine perceptions (74). He also makes links between these visual experiences and psychotic episodes, a link that holds significant cultural costs, given the relative status of these two diagnoses. Sacks seems to pathologize artistic expressions, seeing them as "direct" translations of visual experiences, which he can then allocate to specific medical conditions.

24. Migraine as a recognized condition emerges first in Mesopotamian manuscripts. The lineage of the condition is thereby much longer than that of other diagnostic labels associated with interactions between biological/chemical, behavioral, and cultural factors, such as hysteria, schizophrenia, dementia, or depression.

25. Wilkinson and Robinson 1985.

26. Sacks 1992 (originally published in 1970; revised editions came out in 1992, 1999). Other researchers also extend this line of inquiry; see Podoll 1998.

27. Haraway 1991, 171–72.

28. Medical research is well aware of both user-led and industrially sponsored Internet community support groups and their effects on the penetration of information as well as specific pharmaceuticals into an international population. Studies such as Meric et al. 2002 explore the design of popular sites of breast cancer patients. Other studies focus on the interactions enabled by Internet communications. Ramos et al. 2004 argue that the drug imatinib, effective against a form of leukemia, was promoted by international support groups that raised awareness of the medication and also pressured the pharmaceutical industry by discussing the high costs of the treatment and the lack of availability. Through the online groups, users managed to effect the opening of more clinics in various countries. The researchers investigated the community health benefits of these online groups, finding them effective in lowering isolation and depression, but they also point to the "digital divide," the fact that many can't access the Internet and English-speaking sites.

Other studies are inconclusive about whether or not there are benefits from health-based online communities. Eysenbach et al. 2004 seem to suggest that the measurement techniques might be the problem, for "anecdotal and descriptive information" speaks strongly to the potential of online communities (they point to the studies by T. Ferguson 2002; Eysenbach 2003). Ziebland et al. 2004 provide insight into the widespread use of online resources by cancer patients, and they point to the need for competency in the face of a disease that undermines selfhood and self-knowledge as one of the reasons for this usage.

Other medical investigations focus on online communities as valuable sites for qualitative research, acknowledging the potential for misuse and the complexities of privacy and public visibility in these sites (see, for instance, Eysenbach and Till, 2001). Sandvik 1999 used the Internet in this way: posing as a fictive woman with urinary tract infection, she presented herself on popular sites associated with this condition. The researcher collected reply e-mails from others and evaluated the information contained in them.

29. For a discussion of a range of issues relating to disability and identity on the Web, see Chambers 2004.

30. See Chambers 1999.

31. David Morris 1991 opens his investigation into the culture of pain with an image from an exhibit at a National Headache Foundation gallery, and he argues for the importance of artistic imagery in the communication of the experience of pain.

32. All information comes from my interview with Stoiber, June 2004. The Web site can be found at http://health.discovery.com/centers/headaches/migraineart/slide_08.html (accessed May 2006).

33. The citational universe of the Medusa is endless, speaking to the power of myth to tell and retell. Taking on Tobin Siebers 1983 on narcissism and the mirror would be a fruitful spinning on of the tale, as would a discussion of the Medusa as the *pharmakon*, the scapegoat, the ultimate other, and its strange relation to healing.

34. Schneider 2004, 39, citing Snead 1981, 55.

35. Cixous 1976, 885. Claiming the implicated as a place of potential power is a move that is also at work in Cixous and Clement's writing on the hysteric and on the madness of dance (1986).

36. Cixous 1976, 885.

37. Other critiques focus on Cixous's less-than-careful attention to the "we" of feminist discourse, the differences among women, and her Eurocentric perspective.

38. Graves 1948.

39. For a depiction of Arnold Böcklin's 1878 painting of Medusa, see <http://en.wikipedia.org/wiki/Image:Medusa1.jpg>.

40. This image remains unresolved: although there is a strong element of storytelling, there's no closure. In the color and line tensions, the labor of marking reveals itself to me. Kuspit and Gamwell 1996 point toward this "mark" of labor that speaks of satisfaction in their discussion of health and happiness in avant-garde work (44).

41. Weigel 1987, 7 (my translation).

6. MEDICAL MUSEUMS AND ART DISPLAY

1. McCombie 1990, 13.

2. Treichler 1999, 11.

3. Studies that engage the visibility of AIDS within public discourse include the writings and edited collections by Douglas Crimp (1988, 2002; 1990, with Adam Rolston), which chart activists' and queer political responses to the epidemic as well as to dominant modes of its representation. Visuality is one mode within the wider cultural framing of AIDS discussed by Treichler 1999 and Sturken 1997. Visuality as a political act was an important aspect of the public politics of ACT UP (AIDS Coalition to Unleash Power). The concerted protest actions of this initially New York-focused coalition emerging in 1987 attracted media attention and thereby focused public awareness on drug treatment issues. The coalition emerged as a site of visibility and therefore allowed a coalescence of a community spirit precisely in the projection of community images as foci of identification; this is the point Gregg Bordowitz makes in "Picture a Coalition" (1988).

Other texts focus on the rich artistic responses that emerged out of the HIV/AIDS crisis, the mourning, and the creation of community and political identity: see, for instance, Baker 1994, Roman 1998.

4. Sander Gilman touches on this need for visual certainty within biological representation when he analyzes a 1987 *Pravda* cartoon that shows an evil scientist handing a test tube of AIDS virus to an American general, a allusion to the nationality of AIDS, aligning AIDS with the notion of a degenerate and war-mongering nation. Within the test tube swim little

swastikas, not too dissimilar from the spiky science imagery of HIV/AIDS I found in the museum (Gilman 1988, 102).

5. It is in these terms that Treichler analyzes a *Scientific American* cover illustration that shows a “virus as grenade” image very similar in style to the more fragile, art object-like virus model I described. The image also has the round outer spikes, encircling material that spikes outward, with seeds waiting inside to be released, like the inside of a fireworks tube. Treichler writes: “The stylized graphic encourages us to see the virus as a perfect inorganic military mechanism, primed for detonation” (1988, 61; see also Treichler 1999, 32).

With this rise of microscopic visualizations, a whole new art forms emerges as well. In 1967, the Museum of Modern Art in New York displayed a show called *Once Invisible*, celebrating the new frontiers of visual information by displaying scientifically motivated images (images that were not created for art display but for information sharing within scientific communities). Exhibitions of this kind abound as new computer graphics allow for sensualities (and affordability). For instance, in 1998, the Santa Barbara Museum of Art showed *Out of Sight: Imaging/Imagining Science*, and scientific art exhibits are regularly displayed in the National Library of Medicine in Bethesda, Maryland, as well as in the Wellcome Trust Gallery in London.

6. Foertsch 2001. The use of military metaphors for issues of disease immunity has been investigated by a range of critics, including Haraway 1991, Martin 1994, and Waldby 1996.

7. Foertsch 2001, 13. It is also interesting to note Foertsch’s phrase “in fact the virus is spherical”: what ways of seeing viral matter are fact, are transparent, are real?

8. This alignment between theatricality as a weak and gay discourse bloomed into the differentiated U.S. art scene, where “originators” (of performance art) opposed the “sissies” of acting. Performance theorist Rebecca Schneider investigates the role of the copy and reenactment in the lineage of U.S. performance art, and she teases apart the rhetoric of origin shoring up attempts to escape theatricality: “But perhaps here [in the mid-century Euro-American art world’s shift toward the registers of the unitary] we can begin to find a distinction between performance and theatricality taking shape that would separate the virile men (action performers) from the effeminate boys (acting performers) in line with a longstanding feminization of, and heterosocial gender panic toward, theatricality as debased mimesis, debauched and hollow hysteria, wombastic copy machine” (Schneider 2004, 34). Note how the copy machine enters the scene again (and the womb—the inside of the [female/feminized] human body).

For a developed argument about the relations between antitheatricality and feminization and “debauched” nature, see also Barish 1981. Bottoms 2003 takes up Barish’s argument and discusses the development of performance studies in the light of issues of efficacy and effeminacy, asking if there is a bias toward the macho in the discipline’s uneasy relation with the theatricality of theater.

9. Foertsch 2001, 13–14.

10. Kruger 1996, 37.

11. Martin 1994, 59.

12. Whittemore 1998, 95.

13. Vasseleu 1991, 60.

14. Seeing these remains, I am reminded of Joseph Beuys’s use of felt and fat as shamanistic materials: in this poor and yet lovingly arranged heap, I see these traces of familiarity and comfort, the warding off of cold, and the imprint of a body.

15. Remarking on this loud silence around issues of morality, sexuality, and deviance, forced into the margins of the popular press, critics speak out about the socially revolutionary,

deep, and transformative nature of gay sex: Leo Bersani's much celebrated essay "Is the Rectum a Grave" (1988) argues for the need and the pleasure of gay sex not only as sex but as a practice that challenges stifling notions of heterosexual normalcy and self-containment and celebrates community and the dissolution of boundaries.

16. Erni 1994, 128.

17. Ibid., 135. The note about AZT refers to the accusation that this drug's side effects were supposed to be deadly themselves, leading to a state where AIDS was diagnosed in HIV-positive patients who were given the drug—a situation that pointed to the problematic status of the AIDS diagnosis itself. For a discussion of this issue in relation to the death of dancer Rudolf Nureyev and the resulting press coverage, see the final chapter in Lauritsen 1993, who covers this theme from the perspective of alleged profiteering practices of pharmaceutical companies.

18. Waldby 1996, 70.

19. Maria Nengeh Mensah has also investigated representations of HIV/AIDS in popular TV, in another equally celebrated series, *ER*. In her analysis, she notes how popular and scientific representations of gendered seropositivity merge in the season she discusses, a series where a wayward female health care provider comes to terms with her seropositivity. The test becomes the icon of the story line, and confession scenes "naturalize" the presence of HIV-positivity (2000, 145–49). This aesthetic play with knowledge categories, bringing together dominant morality, narrative, and imagery, is also the focus of my analysis here.

20. In one episode, head investigator Grissom mumbles, "Haven't they heard of AIDS?" as he is told of a practice in a restaurant, which requires anyone who's been cut by a cooking knife to flick blood onto others working in the kitchen. This episode aims to gross out the audience: the investigation opens with a murdered body being ground down into meat in a meat-processing plant, and during the investigation of the kitchen, the technicians find semen, blood, and drugs among the utensils. In 2005, a rise in AIDS visibility in series on CBS is in the cards: a Kaiser-funded public awareness drive surrounding HIV/AIDS issues names *CSI* spin-off, *CSI NY*, as one of the series to incorporate story lines surrounding these issues.

21. Cindy Patton has argued that HIV/AIDS has been "tamed" in popular TV by making it an issue in relation to young women, occluding the male gay narrative. The *CSI* episode functions indeed according to her analysis of HIV-positive women in the media as either infected asexual mothers or hypersexual whores. But the mechanism of infection displayed in the *CSI* episode creates an interesting additional angle to Patton's point that "to put it bluntly, women are either vaginas or uterus, and curiously, never both the same" (1994, 107). Sex here becomes an issue at yet another site, sight, well in keeping with the image of Vegas portrayed in the series: naughty and yet untouchable, only eye candy.

22. Transcript from episode.

23. This combination of visual curiosity and narrational correction allows the series to have its cake and eat it, of course: there's plenty of screen time for the bizarre and jokiness of disability, but also for the political correctness of the series's uberfather, who's always right. As a disability activist, I often applaud *CSI*, which is in many ways much more disability conscious than most other things on mainstream TV, but this identification of disability consciousness with the moral high ground makes me uneasy. One disability representation on *CSI* is wholeheartedly to be praised: the casting of Robert David Hall as the coroner Dr. Albert Robbins, in a role that has made him the most visible disabled character in U.S. television, and a beloved identification point for many disabled people. Hall uses his visibility to advocate for

disability rights nationally, and he is on the board of the Screen Actors Guild and the National Organization on Disability.

24. Transcript from episode.

25. For an analysis of gender imagery in scientific representations of sperm, see Martin 1991, Moore 2002.

26. Transcript from episode.

27. Ibid.

28. Grosz 1994, 203.

29. Waldby 1996, 77.

30. Women's visibility within HIV/AIDS issues is problematic, and so is critical coverage of it in academic texts: cultural critics Paula Treichler and Catherine Warren (1998) noted how few feminist texts on the epidemic were published during the 1980s. Evelyn Hammonds calls for the need to understand feminist AIDS imagery as an issue of articulation, not representation, in order to understand issues of fragmentation along race and class lines (2001). *Articulation* here would signify work that clarifies modes of speech, the ability to hear specific voices, work that is specific about how, who, and with what authority agents within the field of HIV and health management speak.

31. Transcript from episode.

32. Waldby 1996, 80.

33. Ibid., 82.

34. Steven Epstein argues that this contestation about sites of knowledge is at the heart of meaning making about AIDS. He shows how AIDS activism has had an influence on biomedicine, allowing other ways of knowing space within medical research agendas (1996).

35. Quoted in Morgan 1995, 64.

36. Wyndham 1951.

37. Maharaj 1996, 14.

38. Morgan 1995, 67.

7. REACHING OUT

1. Foucault 1973a, 115.

2. Ibid., 116.

3. McGregor is well aware that the research interests of science and art diverged: "For the scientists, their interest in working with me is in hard science, not in artistic endeavour. They are interested in data, results, interested in using my choreographic intelligence, the dancers' choreographic intelligence as information to fuel their research" (quoted in Burgwinkel 2004, 1).

4. Parry 2004.

5. Personal communication with Jenner, January 2004.

6. Jenner also shared with me how emotions about movement material opened up for her as her condition was seen as exciting movement patterning rather than the "tragedy" that mainstream aesthetics sees in disability (and which is so easily internalized):

PETRA KUPPERS: What did *you* learn about your own movement by watching the dancers in the performance? Did anything surprise you? What and why?

SARAH SEDDON JENNER: There are specific gestures in *AtaXia* that are typical of those with neurological impairments that I despise catching myself make, and I surprised

myself with how negative and judgmental I feel about them. (Specifically, jerky arm gestures and the tendency to hold the arm close to the body, fully flexed at wrist and elbow.) One dancer explained that the shame and hostility I associate with those movements are learned social responses and that they are not intrinsic to the movement. It was all I could do not to snap back, “I hate them anyway.” I find that now that I’ve seen them performed, the sting has gone out of those gestures, and I don’t even mind seeing them in the mirror.

I also recognized by watching the performance how little I do alone compared to the first thirty-seven years of my life, and how those times when I faced ataxia alone are marked by fear of the future and a terrible loneliness. I’ve always been an independent sort, and I only really learned to trust others because I had to. It is a paradox of this condition that ataxia has brought me both impairment and joy. Watching *AtaXia* has given me the occasion to reflect on this. (Quoted from personal communication with Jenner, January 2004.)

7. Parry 2004.

8. Rhodes 2000, 15.

9. Wölflí is one of the best-documented artists emerging from psychiatric institutions. The artist, incarcerated from age thirty-one for schizophrenia, was claimed by André Breton to have had one of the two or three most important oeuvres of the twentieth century. See Spoerri 2004.

10. Dubuffet 1949, quoted in Rhodes 2000, 24.

11. These images immediately evoke for me the Roman historian Plinius and his depiction of the strange creatures that inhabit the lands “elsewhere”: among the Plinian figures are creatures with faces in their stomachs; single-giant-footed people; and others who populated the European imagination of the exotic.

12. The pressure never abated: part of the art-historical journey of this small bread sculpture included its inclusion in the Entartete Kunst exhibit in Nazi Germany. It was featured on a poster announcing a Nazi display of art that the Nazis deemed unhealthy, unworthy, and degenerate. Given this history of violence, and the vulnerability of its material, it is little wonder that the sculpture is now lost, destroyed either in the fires of the Nazis or in transit.

13. Quoted in Thévoz 1975, 133.

14. All information from Maizels 1996, 45–46.

15. Annie Carlano, the curator of the exhibit, in the catalog (2003, 2).

16. Jorge Durand and Douglas Massey (1995) mention Ramírez in relation to border concepts in their study of a specific aspect of Mexican folk art, retablos, or votive images.

17. Morris 2003, 51.

18. Ibid.

19. Ibid., 55.

20. Rhodes 2000, 113.

21. This affective history, practices touching each other surreptitiously, has become a rich vein of queer historiographical exploration and influences minority projects of remembrance. See, for instance, medievalist Carolyn Dinshaw’s argument about the in-between of medieval and postmodern sexual practices, which relies on touch and contingency as its core metaphors (1999).

22. Benjamin 1969, 263.

23. Haraway 1991, 193 (emphasis in original).

24. Benjamin 1999, 877–78.

25. Sci-art (science-art) collaborations have become an important aspect of contemporary art practice, although the different knowledge projects of scientists and artists can lead to tensions and to formal problems. These challenges of collaboration, the formulation of research questions, and the status of uncertainty in these interdisciplinary practices are charted in Arends and Thackara 2003; and Ede 2000.

26. From unpublished play text, provided by Diane Samuels.

27. Ibid.

28. Kracauer 1992 [1940], 50.

29. Della Pollock also points to storying as a generative principle; she analyzes women's birth stories for their ability to "re-mark" the narratives of pain and birthing, to claim language for themselves (1999, 133ff).

30. Material from the Elision Ensemble's Web site: <http://www.elision.org.au/projects/tulp/artists.html>, last accessed August 2004.

31. Barthes 1977a.

32. I remember this glee from some of the site-specific installations *The Olimpias* have engaged in: in 2000, we had mounted dance videos and interactive installations in the waiting areas of the Royal Manchester Hospital, Manchester, England. The disabled performers and the many visitors to the hospital mingled freely, and little coves of conversation seemed to emerge. There was a man with a urine bag, who clearly had all the time in the world to spend between his doctor's visits and chose to spend it with us. There were people waiting to hear about the operations of loved ones, who were fingering our sensors and sound patches nervously, using it to pass time. A nurse came and ate her sandwich while watching the dance movements on our screens. Time passing, waiting, and the need for play and communication are strong draws in institutions such as hospitals, prisons, and other places where alternative art practices and community art thrives (for more information on visual and performance art in prison settings, see Kornfeld 1997).

33. There are a number of visual and literary texts that focus on practitioners' thoughts on medical practices such as the gross anatomy lab. See, for instance, Levin 2000.

EPILOGUE

1. Deleuze and Guattari, 1983.

2. Scars as markers of personal history are well-used topoi of high-art art making as well. Pina Bausch uses the mnemonic function of scars when her dancers step forward out of a line and point to their scars, one by one. As they do so, they gain depth and body, emerge from the dancer personality into a different register. At the same time, the prize of dance becomes apparent: many of the scars shared emerge from dance injuries.

3. De Certeau 1984, 108.

4. Personal communication after the workshop.

5. All participants in the Tracks workshop got paid for each workshop, acknowledging their creative labor and the value of their contribution. This payment allowed everybody to enjoy the postworkshop diner visit, since the bill for the food hardly ever runs to more than 10 to 20 percent of their artist's fee for the day.



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